

# ChillBoy Movement – School Booking Request Form

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Program Type Requested (check one):

School Assembly (30–60 minutes)

Workshop (45–90 minutes)

Curriculum Support Package

Custom Program

Target Grade Level(s): \_\_\_\_\_

Estimated Number of Students: \_\_\_\_\_

Preferred Date(s): \_\_\_\_\_

Preferred Time(s): \_\_\_\_\_

School Goals / Areas of Focus:

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Additional Notes:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_