



Fox in a Box School Referral: Virtual Version

Thank you for helping us share Fox in a Box and we appreciate your referral!

<i>Your Information</i>	
Name:	Date:
Email:	Phone:

<i>Prospective Fox in a Box Location</i>	
<input type="checkbox"/> Elementary School <input type="checkbox"/> Library <input type="checkbox"/> After-School Program <input type="checkbox"/> Other _____	
Name of School or Organization	
Contact Name:	
Contact Position:	
Email:	
Phone:	
Address:	
Preferred Method of Contact:	
Preferred Time(s) of Contact:	

<i>For Fox Theatre Institute Staff Use Only</i>	
Date Received:	Date Contacted:
Appointment Date & Time:	Successfully Reached?
Details:	
Date(s) of Virtual Visit(s):	
Method of Delivery: <input type="checkbox"/> Front Office <input type="checkbox"/> Delivery	
Delivery Date:	

<i>Student Information</i>		
<i>Grade Level</i>	<i># of Classes</i>	<i># of Students</i>
Kindergarten		
1 st Grade		
2 nd Grade		
3 rd Grade		
4 th Grade		
5 th Grade		
Total		

The Fox Theatre and Fox Theatre Institute would like to thank its generous Fox in a Box Sponsors!

