



Fox in a Box School Referral: Virtual Version

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

Your Information	
Name:	Date:
Email:	Phone:

Prospective Fox in a Box Location
<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:

For Fox Theatre Institute Staff Use Only	
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:	

Student Information		
Grade Level	# of Classes	# of Students
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!

