



The Wave PE Program Reservation Form

SCHOOL NAME:

CITY: _____ STATE: _____

TEACHER NAME:

ZIP: _____ PHONE: _____

ADDRESS:

CLOSEST MAJOR CITY:

TENTATIVE DATES:

1st Date Choice: _____ **2nd:** _____ **3rd:** _____

1. How many periods are we teaching?

6. What time does the first class start?

2. What are the grades?

7. What time does the last class end?

3. How many teachers are participating per period?

8. Is there a prep or lunch period, if so what time?

4. TOTAL # OF KIDS PER PERIOD?

9. May I get a good contact phone number? (cell # also)

5. Are there any security concerns we should be aware of?

10. E-mail for confirmation?

Fax back to: 949-788-1292 or call toll free: 888-488-9283 to reserve your spot today!

www.streetsurfing.com/pe or for more information email: schoolprograms@streetsurfing.com