

# SCIENCE KIT ORDER FORM

Please fill out the form below to include date of order, your name, school, and the grade level you teach. Also include the kit number(s) and name(s) of kits you would like to request, the date you would like the kit delivered to your classroom, and the quantity of each kit requested. Each kit is loaned out for a period of six weeks. If you have any questions, or need to extend an order, please do not hesitate to contact us.

Date of Order \_\_\_\_\_

Name \_\_\_\_\_

School \_\_\_\_\_

Grade Level \_\_\_\_\_

<u>Number of Kit (SK _____)</u>	<u>Name of Kit</u>	<u>Date to be Shipped</u>	<u>Quantity Requested</u>

**Thank you for your order!**

**Please complete and return this form to the attention of: Leigh Leyva**

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**Fax:** 716-376-8459

**Email:** [leigh\\_leyva@caboces.org](mailto:leigh_leyva@caboces.org) or [mst\\_kits@caboces.org](mailto:mst_kits@caboces.org)

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