

WORKING WONDERS
P.O. BOX 3698
Cathedral City, CA 92235-3698

Presentation Request Form

Name of Facility: _____

Address: _____

Contact Person: _____ Phone Number: _____

Fax: _____ Email: _____

Event address: _____

Date of Presentation: _____

Time: _____

Number of presentations: _____

Number of participants: _____

English or Spanish _____

Coed/female/male _____

Visual/Audio Equipment available: Yes No

Special Instructions: (Driving, location, participants)

