



TransPORTer Event / School Visit Request Form

EVENT / SCHOOL INFORMATION

Event / School: _____
Address: _____ Major Cross Street: _____
City: _____ Zip: _____ School District: _____

SCHEDULING INFORMATION

Requested Date: _____ Time(s): _____
of Visitors: _____ Grades (if applicable): _____
TransPORTer Departure Time: _____
Proposed Location / Placement of the TransPORTer: _____

CONTACT INFORMATION

Name: _____ Title: _____
Phone: _____ Fax: _____ E-mail: _____
On-Site Event Contact: _____ Cell #: _____
Principal (if applicable): _____
Phone: _____ E-mail: _____

ADDITIONAL INFORMATION

Any special education students anticipated to visit the TransPORTer? Yes No

If yes, please describe: _____

Other Comments / Requests: _____

TransPORTer visit requests are subject to approval and site visit.

Please fax form back to (310) 547-4611 or e-mail to TransPORTer@portla.org.