



MOBILE DAIRY CLASSROOM APPEARANCE REQUEST FORM

To: Southeast United Dairy Industry Association, Inc.

From: School Name: _____

Street Address: _____ City: _____

Zip: _____ County: _____

Contact Name/Title _____

School Phone: _____

Fax #: _____

Email: _____

Number of students expected to attend these assemblies:

K – 2nd Grade _____ 3rd – 5th Grade _____

Number of Teachers: _____ Total Number of Students: _____

Name of Principal: _____

Please list up to four dates that you would like to have the Mobile Dairy Classroom visit your school:

1. _____ 2. _____

3. _____ 4. _____

You will be contacted by the Mobile Dairy Classroom Instructor to schedule an assembly date.

Person Completing this Form: _____

**Mail completed form to: 3560 Pierce Dairy Road
Madison, GA 30650**

**For additional information call (877) 444-MILK
or email questions to moo@milkcow.org**