

ARCHS' All Stars Interest Form



Name: _____

Manager/Agent Name: _____

Contact Information:

Phone: () _____ - _____

Address: _____

Street Address

City

State

Zip Code

E-Mail: _____

When is the best time to reach you? _____

Expected date range available to visit an ARCHS' All Star location: _____

Which age group would you like to visit?

Pre-K

K-8

Adult

How long would you like your visit to be?

Less than 30 minutes

30-45 minutes

45- 60 minutes

Do you have a geographical preference for your visit (St. Louis City or County)?

Would you like the media to be present? YES NO

Any other information you need or would like to share?:

Thank you for your support.

Please e-mail (info@stlarchs.org) or fax (314-534-0055).