

Application

Learn More About Rock Art
Resource Trunk

Sponsored by the Wind River Historical Center

Teacher's Name: _____

School Name: _____

School Address:

School Telephone: _____

School Principal: _____

Description of class(es) with which the trunk will be used (include grade level, number of students, type of class, and any other information that you think might be important:

Date Trunk Requested: 1st Choice _____ 2nd Choice _____

3rd Choice _____

Signature: _____ Date: _____

For Office Use Only

Trunk Inventory Checked _____ Date Trunk Checked Out _____

Date Due Back to Wind River Historical Center _____

Confirmation Date _____