



Wisconsin Ag in the Classroom My American Farm Check-Out

Contact's Name: _____

County: _____

Cell Phone: _____

Home Phone: _____

Email Address: _____

Event you are requesting the kiosks for: _____

Date of event: _____

When would the tablet kiosks need to be delivered: _____

When can the tablet kiosk can be transferred to the next location: _____

Number of tablet kiosks being requested (up to 7): _____

Would you prefer the roll up banner or hanging banner: _____

Are you requesting other materials be sent with tablet kiosks? (bookmarks, educational handouts, etc.) Please list resource and number needed:

To schedule the tablet kiosks, complete this form and email to darneson@wbf.com

For Office Use Only:

Date: _____ Tablets Numbers: _____ Banner: _____