



Cardinals' School Program

School Name _____

Principal's Name _____

Street Address _____

City, State, Zip _____

(The program travels within a 125 mile radius of downtown. St. Louis)

Daytime Phone Number _____

(Include area code and extension number, if applicable)

What grade levels attend your school? _____

(The program is designed for grades K-6)

Has the Cardinals' School Program visited your school before?

_____ Yes

_____ No

If yes, when was our last visit? _____

Do you have three televisions or a projector screen that may be utilized during the assembly?

_____ Yes

_____ No

***Please mail application to:** St. Louis Cardinals
100 South 4th St.
Suite 1200
St. Louis, MO 63102