

**SARASOTA-MANATEE JEWISH FEDERATION
HOLOCAUST EDUCATION
TEACHER REQUEST FOR SPEAKERS**

Please complete this form and contact Carolyn Kaplan, Holocaust Education Speaker Coordinator at 941-362-4440.

DATE SUBMITTED _____

REQUESTED BY (teacher) _____

Phone _____ Cell Phone _____

Grade(s) ___ Number of Students ___ Date of presentation _____ Time _____

NAME OF SCHOOL _____

ADDRESS OF SCHOOL _____

School Phone _____

First Time Request Repeat Request Same Speaker

Name of Repeat Speaker (if applicable) _____

TYPE OF HOLOCAUST EXPERIENCE PREFERRED:

Ghetto Labor Camp Concentration Camp By hiding

Kristallnacht experience Child in Kindertransport Liberator

CLASSROOM HOLOCAUST EDUCATION EXPERIENCE: _____

OTHER COMMENTS:

We are most pleased to fulfill your request. Thank you for your Interest.