

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

**Please complete this form and contact:**

**Anne Stein, Speakers Bureau Coordinator at 941-923-6470.**

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.