Yes, please consider my school for a free author event!

Once Upon a Time is a community of readers and writers – and that community extends beyond our bookshop and into your school. We bring free author events to schools throughout the area. We strive to reach every student with this unforgettable educational experience. The best schools understand how a memorable interaction with a professional and engaging children’s author or illustrator will inspire young minds and help drive literacy connections for years to come.

In the absence of a stipend paid to the author (which in some cases is over $1,000), the school visits we coordinate must include book sales of the visiting author’s books using preorder forms. The preorder forms are sent out to parents a month ahead of the author’s visit, and returned back to school within 7-10 days (at most). In order for us to order the proper amount of books, the school returns the completed forms with payment to our store 3 weeks ahead of the visit.

Although a successful school visit is not based solely on sales, an expected amount of books sold is 25 + copies. There are some high-demand authors where we will need to guarantee a minimum order of books. We will be sure to include this information in our outreach to you. If you’re not sure your school population will be able to do that, you might want to reach out to your school’s foundation, PTA, or perhaps a “school angel supporter” to supplement your resources.

To make sure your students will get a chance to take part in an author visit, please fill out the form below.

(Completing this form does not guarantee an author will visit your school this school year)

FORM MUST BE COMPLETED IN ORDER TO CONSIDER YOUR SCHOOL FOR FUTURE AUTHOR VISITS

School Name & Address: ____________________________________________________________
______________________________________________________________________________

School Phone & Fax: ______________________________________________________________

School Principal: _____________________________ Asst. Principal: _________________________

Librarian: ________________________________________________________________

School PTA/PTO Contact Name, Phone & Email: ____________________________________
______________________________________________________________________________

Person Completing Form Name, Phone, Email & Relation to school: _______________________
______________________________________________________________________________

Who approves special events at the school, if not provided above? Please provide contact information.
______________________________________________________________________________

Where does your school host assemblies? Auditorium __ Theater __ Cafeteria __ Media Center __
Gym __ Other room ________________________________

If your school uses the Cafeteria for special events, what time is the room used for lunch?
From ________ to ________  School hours of operation ________ AM ________ PM

Is a computer-projected screen available for an author’s video with a supplied thumbdrive? Y / N


Please describe the school’s parking. __________________________________________

Can you reserve a parking space for author & book transportation? Y / N

Have you had authors visit your school? Y / N  If yes, which author(s) and when? ________________________________

Please tell us about your school (Ex: Magnet, language immersion, Title I, etc.) ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Is there anything else that we need to know to schedule events at your school? ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Thank you for taking the time to complete this form.

Please email completed form to Maureen@onceupona.com
Or by mail, Once Upon a Time, 2207 Honolulu Ave, Montrose, CA 91020

For Office Use Only

Date Received: ______________ Entered by: ______________

Notes: