



Together Our Resources Can Help

## Shadow Day Week 2010

Thank you for your interest in Shadow Day Week 2010.  
Please provide the following information:

**Name:** \_\_\_\_\_

**Industry:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Department/Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**Job Description:** \_\_\_\_\_

\_\_\_\_\_

**If applicable, please indicate if you will be providing lunch for student \_\_\_\_\_**

**Days Available:**

\_\_\_\_\_ Tuesday, February 16<sup>th</sup>      \_\_\_\_\_ All Day    \_\_\_\_\_ AM only    \_\_\_\_\_ PM only

\_\_\_\_\_ Wednesday, February 17<sup>th</sup>      \_\_\_\_\_ All Day    \_\_\_\_\_ AM only    \_\_\_\_\_ PM only

\_\_\_\_\_ Thursday, February 18<sup>th</sup>      \_\_\_\_\_ All Day    \_\_\_\_\_ AM only    \_\_\_\_\_ PM only

\_\_\_\_\_ Friday, February 19<sup>th</sup>      \_\_\_\_\_ All Day    \_\_\_\_\_ AM only    \_\_\_\_\_ PM only

Questions/Comments/Preferences:

Please fax back this form back to the TORCH office:  
**(212) 929-9760** or e-mail: **debid@thetorchprogram.org**.