

Education Program Reservation

School Name:

Teacher Contact 1:

Teacher Contact 2:

School Address:

City:

State:

Zip Code:

Phone & fax 1:

Phone & fax 2:

Email 1:

Email 2:

Best Time to Contact Teacher 1:

Teacher 2:

Grade(s) Participating:

Number of Students:

Number of Adults:

Any special student needs? (Gifted students, students with mobility, hearing, sight, or learning impairments; students who may have allergic reactions to outdoor environments such as hay, tobacco, wood smoke, etc. If yes, please elaborate:

Programs:

Program Date(s) First Choice: [Dates Available](#)

Second Choice:

Program Time: Estimated Arrival Time:

Your reservation has been confirmed for _____. Your pre-visit packet will be mailed via USPS on _____.