

**Lewis and Clark National Historical Park  
Education Program Reservations**

- First come, First served basis
- Pre-registration is required
- One name per form please
- Requests must be received by registration deadline
- Payment must be received prior to workshop date

**PRINT & MAIL THIS PAGE TO:**

Lewis & Clark NHP/ Ed. Program  
92343 Fort Clatsop Rd  
Astoria, OR 97103  
**Or FAX (503) 861-4428**

Contact Teacher's Name: \_\_\_\_\_

All Other Teacher's Names: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

School Phone: area code: ( \_\_\_\_\_ ) \_\_\_\_\_

Best time to call: \_\_\_\_\_ a.m. p.m.

School FAX: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Number of classes \_\_\_\_\_ Grade \_\_\_\_\_ Total # Students \_\_\_\_\_ Total # Chaperones \_\_\_\_\_

**1. Program Choice (Check One):**

**Time Preference:**

\_\_\_\_\_ "Glimpse of the Past"

\_\_\_\_\_ Morning \_\_\_\_\_ Afternoon

\_\_\_\_\_ "Diligent Pursuit"

\_\_\_\_\_ Morning \_\_\_\_\_ Afternoon

\_\_\_\_\_ "Small Group Day"

\_\_\_\_\_ Morning \_\_\_\_\_ Afternoon

\_\_\_\_\_ "Life at the Fort"

\_\_\_\_\_ Morning \_\_\_\_\_ Afternoon

\_\_\_\_\_ "Class of Discovery"

\_\_\_\_\_ Morning \_\_\_\_\_ Afternoon

**2. Select Desired Date:**

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

4<sup>th</sup> Choice \_\_\_\_\_

Will you accept any available date or time? \_\_\_\_\_ Yes \_\_\_\_\_ No

**3.Video Loan Request: (Circle your choices)**

“We Proceeded On”

“A Clatsop Winter Story” (DVD only)

“The Farthest Reach”

“Living History Demonstrations”

**4. Any Special Considerations for your group that the person giving the program needs to know? (e.g., you will have a sign language interpreter or your group needs the wheelchair ramps at the fort.)**

How is your group traveling to the park? \_\_\_\_\_ Cars \_\_\_\_\_ Bus \_\_\_\_\_ Vans

**\*\*\*\*\*CLASS OF DISCOVERY PROGRAM INFORMATION ONLY\*\*\*\*\***

Have teachers successfully completed the “Class of Discovery” workshop?

Teacher #1 \_\_\_\_\_ Yes \_\_\_\_\_ No      Workshop Year attended for Qualification \_\_\_\_\_

Teacher #2 \_\_\_\_\_ Yes \_\_\_\_\_ No      Workshop Year attended for Qualification \_\_\_\_\_

If any have not completed the workshop, please indicate which workshop date they wish to register:

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Will you have any fort Activity Instructors who were previously trained and won't need training this year? \_\_\_\_\_ No \_\_\_\_\_ Yes. If yes, how many? \_\_\_\_\_

**Don't forget to include your signed FEE WAIVER FORM**