



PROGRAM REQUEST FORM

Thank you for your interest in our educational programs! Please refer to the [Program Policies](#) before completing this form. A signed copy of the Program Policies *must* accompany this form. See FAQ's for additional information. **Programs are scheduled on a "first-come, first-served" basis.**

Mail, email, or fax this form and a signed copy of the Program Policies to:

Effie Yeaw Nature Center, Attn: Scheduling P.O. Box 579, Carmichael, CA 95609

Email: scheduling@sacnaturecenter.net Phone: 916-489-4918 x234 Fax: 916-489-4983

NOTE: Your program is not confirmed until you receive a confirmation/invoice via email.

LIFE SCIENCES CLASSROOM PRESENTATION

Grade Levels and Fees Vary by Topic *

Your Life Sciences program includes a 60 to 75 minute presentation with live animals. Complete the form below, including selecting the program topic and date choices.

* See topics listed below for fee. Fees pertain to 1-35 students. \$5 per additional student – up to a maximum of 40.

Contact Information

Name of School:

Contact Person:

School District:

School Address:

City:

Zip:

School Phone:

Other Phone:

☐

Cell

☐

Home

Contact Email (required):

Life Sciences Program (presented in your classroom)

Provide the following information for up to three classroom presentations at your school. We can provide up to three presentations per day. Please note: First presentation begins no earlier than 9:00am; start times for 2nd class will begin 15 min after the 1st and the 3rd class will begin ½ hour (minimum) after the 2nd class. Please note any adjustments to be made for lunch periods.

Select a Program	Program Topic (One topic per form please)	Select a Program	Program Topic (One topic per form please)
<input type="checkbox"/>	Critters of the American River (K-2) - \$150	<input type="checkbox"/>	Amazing Adaptations (3-5) - \$175
<input type="checkbox"/>	Sensational Senses (K-1) - \$150	<input type="checkbox"/>	Raptors of the River (2-6) \$175
<input type="checkbox"/>	Scales and Tails (1-5) - \$150		

Date Requested	Start Time	Teacher Name	Phone #	Grade	# of Students

Second Choice Date: _____ Third Choice Date: _____

Office Use Only

Base price: \$ _____ + (_____ additional students x \$5.00 fee) = \$ _____ Travel fee = \$ _____

Deposit Amount:

Date:

Invoice #:

Date: