

## PROGRAM REQUEST FORM

Thank you for your interest in our educational programs! Please refer to the <u>Program Policies</u> 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 <u>and a signed copy of the Program Policies</u> to:

Effie Yeaw Nature Center, Attn: Scheduling P.O. Box 579, Carmichael, CA 95609 Email: <u>scheduling@sacnaturecenter.net</u> Phone: 916-489-4918 x234 Fax: 916-489-4983

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

POND & RIVER CLASSROOM LAB							
		Grades 2-6	Fee: \$17	<b>'5</b> *			
engaging act	vities. Comple	ram includes a 75 minute ex ete the form below, includin	g selecting dat	e choices.	c creatures w	ith	
* Fee pertains	to 1-35 stude	nts. \$5 per additional studer	nt – up to a max	imum of 40.			
<b>Contact Info</b>	rmation						
Name of Schoo	l:						
Contact Person	:		School District:				
School Address:			City:	City: Zip:			
School Phone:			er Phone:		☐ Cell	Cell Home	
Contact Email (	required):						
,							
Pond & River Lab (presented in your classroom)							
provide up to times for 2 <sup>nd</sup> c	three present lass will begin	ation for up to three classro ations per day. <u>Please note</u> 15 min after the 1 <sup>st</sup> and the ts to be made for lunch peri	e: First presentat 3 <sup>rd</sup> class will be	on begins no earlier	<u>than 9:00am</u> ;	start	
Date Requested	Start Time	Teacher Name		Phone #	Grade	# of Students	
Second Choice Date:  Third Choice Date:							
Second Choice	Date:		Inira C	noice Date:			
		Office	Use Only				
Base price: \$175 + (additional students x \$5.00 fee) =				\$			
Deposit Amount:		Date:	Invoice #:	t: Date:			