

Booking Form

Before booking, we need	d the fo	llowing inf	ormation from you:
Program Selection(s):			
Program Date(s):			
Arrival Time:	_ Depar	ture Time:	
No. of Students:	No. of T	eachers/Cha	perones:
Grade Level(s):			
Picnic Shelter Needed (circle	e one):	YES	NO
Point of Contact Name:			
Number:	_ Email:		
Organization Name:			
Organization Type:			
Accessibility Needs:			
Please include anything else	e you wo	ınt staff to kı	now about your group-
ex. learning style, attention-getters, group rules/policies, class			
'personality', further accomi	modatio	ns, etc	

Staff Use Only

Total Fee: _____participants **x** _____program cost **=** _____

Program Costs: NHC = \$5/ea.; Other = \$7/ea.