

ON-SITE PROGRAM

Registration Form

PNC Staff Use Only

Date: _____

Program: _____

of Students: _____

Confirmed/date/by:

Email: programs@PlacerNatureCenter.org , US mail: 3700 Christian Valley Road, Auburn, CA 95602

School or Group Name:		
Mailing Address:		
City:	Zip:	County:
School Phone: ()	School Email:	
School District:		_ School/Group is: 🗆 Public 🛛 Private
Coordinating Teacher/Contact Person Name: _		Title:
Contact Phone: ()	_ Contact Email:	
Alternate Contact Person:		Phone: ()
Do you have any special needs students?:	s 🗆 No If yes, please	explain:
I acknowledge that my program is not confir firmed until I receive written confirmation. Car fee. Rescheduling of the program may be perm made 15 days or more prior to program date of Signature of Coordinating Teacher/Contact Per Additional Questions: (if attending an On-Site I)	med until I receive writ ncellations made less th itted upon request at a r full charges will apply. rson: Program)	
Mode of Travel: Cars School Bus Privat	te Bus Are you stay	ing for lunch? Yes No Nature Shop Open? Yes No

Step 1: Tell us who is participating and what programs you are interested in.				
Program Title(s)	Teacher Name(s)	Grade Levels	# of Students	Start Time
1				
2				
3				
4				
	Blease fill out the information below	v if attending an On-Site Progr	am	

Please fill out the information below if attending an On-Site Program

2._____

Preferred Date of Attendance (in order of preference): *On-site programs only available Tuesday - Friday 9-4pm

1. _____

Α	В	С	D	E
		Field Trip		
		Sub-Total		
	\$8.00	(\$84 minimum)	Field Trip	Total Fees
# of Students	Per Student	AXB	Enhancement Fee	C + D

Questions? programs@PlacerNatureCenter.org or (530) 878-6053

www.PlacerNatureCenter.org

3. _____



OFF SITE PROGRAM Registration Form

Email: programs@placernaturecenter.org Mail: 3700 Christian Valley Rd, Auburn, 95602

PNC Staff Use Only		
Date:		
Program:		
# of Students:		
Confirmed/date/by:		

School of Group Nan	ne:			
Mailing Address:				
City:	Zip:			
School Phone:	Scl	hool Email:		
School District:			School/Group is: 🗆 Pub	lic 🗆 Private
Coordinating Teacher/Contact Person Name:		าย:	Title:	
Contact Phone: ()	Contact Email:		
Alternate Contact Pe	erson:	Ph	one: ()	
Do you have any spe	cial needs students?:	□ Yes □ No If yes, pleas	e explain:	
Grade Level Time of Program Program Name				
Preferred Date of Atte	endance (in order of pre	eference):		
1	2	·	3	
Please note any addit	ional information (direc	ctions, parking, etc):		
	Environmonto	l Science Travela	Drogram (grados K E	\
			Program (grades K-5	-
•	•		nts. Two programs MAX	
	••		is required. Schedule to b	e coordinated prior
to confirmation.	FEES: \$8.00 per stu	ident , plus mileage. (1	1.50 per mile).	
Α	В	С	D	E
# of Student (not to exceed 36)	Program Fee	Sub-Total (A X B)	Mileage from PNC to school 1.50 per mile around trip	Total Fees (due the day of program) C+D

Learning From the Land at Traylor Ranch (grades 4-7)

Α	В	С
# of Student (not to exceed 36)	Program Fee *\$230 minimum	Total Fees (due the day of program)
	\$12 per child	

I acknowledge that my program is not confirmed until I receive written confirmation. Cancellations made less than 30 days prior to program date are charged a 25% cancellation fee. Rescheduling of the program may be permitted upon request at a reduced rate. Changes to student count (total number) must be made 15 days or more prior to program date or full charges will apply. Multi core-themed programs on same day requires additional charge of \$2.00 per student. Programs are delivered rain or shine.

Signature of Coordinating Teacher/Contact Person: _

\$8 per child