

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	e:							
Mailing Address:								
	Zip:				County:			
School Phone: () School Email:								
School District: School/Group is: \square Public \square Private								
Coordinating Teacher/Contact Person Name:					Title:			
Contact Phone: (t Phone: () Contact Email:							
Alternate Contact Pers	ntact Person:Ph				one: ()			
Do you have any special needs students?: Yes No If yes, please explain:								
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. Programs are delivered rain or shine. Signature of Coordinating Teacher/Contact Person: Additional Questions: (if attending an On-Site Program) Mode of Travel: Cars School Bus Private Bus Are you staying 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) Grade Levels # of Students Start Time								
Program Title(s) 1 2 3								
Please fill out the information below if attending an On-Site Program Preferred Date of Attendance (in order of preference): *On-site programs only available Monday - Friday 9-4pm								
1 2 3								
					J	<u> </u>		
	Α	В	C Field Take	D		E		
	# of Students	\$8.00 Per Student	Field Trip Sub-Total (\$120 minimum) A X B	Field Trip Enhancement Fee		Il Fees + D		

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

www.PlacerNatureCenter.org