

ON-SITE PROGRAM Registration Form

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

Email:	programs@P	lacerNatureCe	nter.org, US mail: 3	3700 Christian Valley	Road, Auburn, CA 95602		
School or Group Name	:						
Mailing Address:							
City:			_ Zip:	Co	ounty:		
School Phone: ()		_ School Email:				
School District:		School/Group is: Public Private					
Coordinating Teacher/	Contact Perso	n Name:		Т	itle:		
Contact Phone: (_)	Co	ntact Email:				
Alternate Contact Pers	ate Contact Person:Phone: ()						
Do you have any specia	al needs stude	:nts?: □ Yes □	No If yes, please e	explain:			
Signature of Coordinat Additional Questions: Mode of Travel: Care	ing Teacher/C (if attending a	an On-Site Prog	ram)		No Nature Shop Ope	 en? □Yes □No	
	Step 1	l: Tell us who is	participating and	what programs you a	re interested in.		
Program Title(s) 1			Teacher Name(s)		evels # of Student	ts Start Time	
2							
3							
4							
	Ple	ase fill out the	information below	v if attending an On-S	ite Program		
Preferred Date of Att	endance (in c	order of prefere	ence): *On-site pro	grams only available	Tuesday - Friday 9-4pm	I	
1.		2.			3		
T	Α	В	С	D	E		
			Field Trip			7	

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

Field Trip

Enhancement Fee

Total Fees

C + D

Sub-Total

(\$120 minimum)

AXB

of Students

REVISED AUGUST 2023

\$10.00

Per Student