

1.

ON-SITE PROGRAM Registration Form

Return form by:

Email:

programs@placernaturecenter.org

Mail:

Placer Nature Center 3700 Christian Valley Road Auburn, CA 95602

School or Group Name:					
Mailing Address:					
City:)					
School District:					
Coordinating Teacher/Contact Person					
Contact Cell Phone: ()					
Alternate Contact Person:					
Do you have any special needs stud					
bo you have any special needs stud	ciits:. ics	ivo ii yes, pieas	с схріані.		
□ I acknowledge that my program is program date are charged a 25% car Changes to student count (total number delivered rain or shine. Signature of Coordinating Teacher/C Additional Questions: Mode of Travel: Cars School B Program Title(s) 1	ncellation fee. R nber) must be m Contact Person: us Private Bu Teacher Na	escheduling of the pade 15 days or more	orogram may be per re prior to program ng for lunch? Yes Grac	rmitted upon request at a red date or full charges will apply	uced rate Programs are
3					
4					
Preferred Date of Attendance (in	order of prefere	ence): *On-site pro	grams are available	e Monday - Friday 9-4pm	
	_ 2			3	
Α	В	С	D	E	
7		Field Trip			
	\$10.00	Sub-Total (\$120 minimum)	Field Trip Enhancement Fee	Total Fees	
# of Students	Per Student	(\$120 minimum) A X B	(if applicable)	C+D	
	x \$10				
	ions? Email pro	I I			

REVISED AUGUST 2024 PNC Staff Use Only Date: _____ Program: _____ # of Students: _____ Confirmed by/date: _____

www.PlacerNatureCenter.org