



OUTREACH PROGRAM (IN CLASSROOM) RESERVATION REQUEST FORM
 (PLEASE MAKE A COPY OF YOUR RESERVATION FORM)

Teacher/Tour Coordinator Name (Please print) _____

School and Room # _____

Address _____ City _____ Zip _____

Contact/Work # _____ E-mail _____

PLEASE E-MAIL COMPLETED REGISTRATION FORM(S) TO: aransom@poway.org OR FAX TO: 858/668-1231

OUTREACH PROGRAM AVAILABLE ON THE FOLLOWING DAYS:

MONDAY OR WEDNESDAY MORNINGS

MAXIMUM 30 STUDENTS PER PROGRAM

OUTREACH PROGRAM FEE: \$4 PER STUDENT

SCHOOL DISTRICT PURCHASE ORDERS PREFERRED

PLEASE USE ADDITIONAL FORMS, IF NECESSARY

Class/Teacher's Name (One class per box, please)	Students' Average Age	<i>Requested</i> Visit Date	Number of students	Total Fee Due

CANCELLATION POLICY

Occasionally, due to unforeseen circumstances, a program may have to be cancelled. The school's tour coordinator will be notified. **If a school cancels a visit, no fees will be refunded if the program is cancelled within three (3) business days of the scheduled tour date. **

CHECK THIS BOX TO CONFIRM THAT YOU ACCEPT THE CANCELLATION POLICY Date _____

..... **FOR OFFICE USE ONLY**

FORM OF PAYMENT: Purchase Order Amount _____ Number _____
 Cash Amount _____
 Check Check # _____

Received by: _____ Date _____