

RESERVATION FORM - PROGRAMS AT THE CENTER

School _____ Date _____

Contact/Teacher in charge _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ Teacher E-mail _____

SCHEDULING INFORMATION

Grade level(s): _____ Number of supervising adults (no charge): _____

Number of children: _____

Date(s) of Visit: 1st Choice - _____ 2nd Choice - _____

Special Needs or Accommodations: _____

NATURE AT YOUR DOORSTEP PROGRAM REQUEST (FOR SCHOOL YEAR FIELD TRIPS ONLY)

Program Name: _____

Program Start Time: Circle one 9:30 am 10:00 am _____

PROGRAM FEES & PAYMENT INFORMATION

Deposit: \$20/day (Mandatory for ALL schools all year round.) _____ day(s) x \$20 = \$ _____

School Year Field Trips Nature at Your Doorstep School Field Trip Fee: \$4/child _____ children x \$4 = \$ _____

Title I and Head Start School Field Trip Fee: \$2/child _____ children x \$2 = \$ _____

Summer Field Trips Summer Group Field Trip Fee: \$3/child _____ children x \$3 = \$ _____

Total Program Fees = \$ _____

Check (make checks payable to Nature Discovery Center)

Credit Card (circle one) MasterCard Visa

FINAL PAYMENT

The balance due can be paid when your date is confirmed or at the time of your visit.

Acct No. _____ Name (as it appears on card) _____

Exp Date _____ Signature _____

Billing Address _____ City _____ State _____ Zip _____

EMAIL TO: mail@naturediscoverycenter.org

FAX TO: 713.667.7654

MAIL TO: Nature Discovery Center, 7112 Newcastle, Bellaire, Texas 77401

You may download a PDF copy of this Reservation Form from our website:

www.naturediscoverycenter.org/teachers-schools