



Outreach Education Program Reservation Request

Date of Program: _____ Time of Program: _____

Staff: _____

Type of Organization (circle one): School Sr. Care Ctr Daycare Other

Organization Name: _____

Contact Name(s): _____

Telephone Number(s): _____ Email: _____

Address: _____ Billing Address (if different): _____

Program Information:

Approximate # of people: _____

Age range: _____

Travel Time: _____

Booth Program:

Program Space: Indoor Outdoor

Do they have available:

Tables?: _____ #: _____

Electricity?: _____

How many staff: _____

How many animals: _____

Special needs due to weather: _____

If so, what: _____

Note: This is not a reservation. Once we have confirmed that the dates are available, we will contact you to complete the reservation!

