

HAWTHORNE VALLEY FARM
Visiting Students Program
A Farm and Nature Experience for Children

TEACHER'S FORM

PLEASE SEND OR FAX THREE WEEKS BEFORE TRIP

School: _____

Address: _____

Class (Grade): _____ Teacher: _____

Home Phone: _____ School Phone: _____

E-Mail address: _____ FAX #: _____

Dates Reserved: _____

Accompanying Adult(s), if known: _____

Arrival Time: _____ Means of Arrival: _____

Departure Time: _____ Means Of Departure: _____

\$6.50 ea. Bag Lunches: _____ YES _____ NO Exact Count not necessary at this time

\$7.00 ea. Bread & Cheese: _____ YES _____ NO Exact Count not necessary at this time

CLASS INFORMATION

Number of Students: Girls _____ Boys _____ Class Size: _____

GROUPINGS: Up to 16 - 2 groups 17-24 - 3 groups 25-32 - 4 groups

PLEASE LEGIBLY PRINT STUDENTS FIRST NAMES in INK

GROUP 1	GROUP 2	GROUP 3	GROUP 4
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Certificate of Insurance attached: _____ Already sent _____ Will Send _____
(Must Cover dates of visit)

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