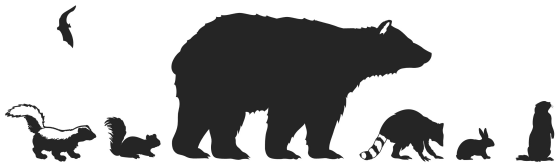

WOODLANDS WILDLIFE REFUGE, INC.

P.O. BOX 5046 CLINTON, NEW JERSEY 08809 P (908) 730-8300 F (908) 730-8311

www.woodlandswildlife.org

EDUCATION PROGRAM CONTRACT

must be received no later than 2 weeks prior to program date to guarantee availability

Name of group/organization: _____

Address: _____**City**_____**State**____ **Zip**_____

Contact person:_____ **telephone ( ) _____ _____**

Email_____ **Program date**: _____/_____/_____**Time**_____

Program location: _____**Number of attendees expected**_____

Grade level or age of group: _____

Please check the program requested:

☐ Wildlife Discoveries ☐ Learning About Wildlife ☐ Wild Neighbors I

☐ Wild Neighbors II ☐ The Science of Woodlands ☐ Second Chances

☐ Resolving Conflict ☐ Life of a Bear ☐ Other If checked provide program details below:

_____

☐ On-site (Woodlands) ☐ Offsite

Special requests or needs: _____

Additional notes/details: _____

Program scheduled by: _____**Scheduled Presenter:** _____

On site: $10 per person $120 minimum Maximum of 25 attendees

Off Site: $200 for up to 100 attendees $225 for more than 100 attendees

Wild Wonders Tour Only: $5 per person - Maximum 25 attendees

_____

Program cost: $_____ Payable to Woodlands Wildlife Refuge. Credit Cards (Amex,V, MC,Disc.)

CC#_____Exp. Ddate;___/____ Street number: _____

Zip: _____ Signature: _____

Final confirmation date_____/_____/_____

Confirmation signature - group _____**date**_____/_____/_____

Confirmation signature - Woodlands _____**date**_____/_____/_____