



**BLM Table Rocks Environmental Education Program
2011 Hike Registration Form**

Phone: (541) 618-2468 Fax: (541) 734-4578

- 1) Full Name of School and/or Program: _____
- 2) Mailing Address Street/P.O. Box: _____
 City: _____ State: _____ Zip: _____
- 3) Email Address: _____ Phone #: (541) _____ Ext: _____
- 4) Grade Level or Adult Group: _____ # of Participants: _____ # of Chaperones*: _____
**(You must have at least 1 chaperone per 10 students, but please no more than 1 per 5 students)*
- 5) Teacher and/or Program Lead: (Mr., Ms., Mrs.) _____
 (Mr., Ms., Mrs.) _____
 (Mr., Ms., Mrs.) _____
- 6) Preferred Dates: *(April 1st through June 3rd. Fridays fill fast. No hikes on Mondays.)*

Please Choose Three Dates: 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

- 7) **Trail Preference** (check one) : **UPPER** (2.5 miles) or **LOWER** (3.5 miles)
- 8) Please indicate your arrival and departure time: (Allow at least 4 hours for your day)
Arrival Time: _____ **Departure Time:** _____
- 9) **Would you like a Spanish speaking guide?** YES NO
- 10) **Would you like a pre-hike classroom presentation?** YES NO
(Space is limited. We will contact you to schedule a presentation.)
- 11) All hikes include lessons about Table Rocks flora, fauna, geology, cultural, and natural history.
Is there a topic or area of interest that you would like us to emphasize?

- 12) To better accommodate your group, please indicate any individual needs or group concerns
 (i.e. medical or behavioral issues): _____

13) If you are **not** using a BLM hike leader, complete the appropriate box below and indicate the day and location where you will be hiking. This will help us avoid conflict with our scheduled groups.

Will **NOT** be using a BLM hike leader Date of Hike: _____ Upper Table Rock
 Lower Table Rock

-----**For Official Use Only**-----

Conformation Letter Mailed: Date: _____	Conformation Call: Date: _____	Classroom Presentation: Date: _____ Time: _____
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