

## School Group Reservation Request Form

*This form is available online at [oregontrail.blm.gov](http://oregontrail.blm.gov). Fields marked with an asterisk (\*) are required.*

\*School Group Name: \_\_\_\_\_

\*Requested Date of Visit: \_\_\_\_\_

\*Arrival Time on Requested Day of Visit: \_\_\_\_\_

\*Contact Person for Group: \_\_\_\_\_

\*Telephone Number for Contact Person: \_\_\_\_\_

\*Email Address of Contact Person: \_\_\_\_\_

**Number of Visitors:** Please indicate the total number of visitors in your group, including chaperones or tour guides, and grade level(s).

\*Children: \_\_\_\_\_ \*Adults: \_\_\_\_\_ \*Grade Level(s) \_\_\_\_\_

### Additional Needs or Requests:

*Please indicate if you have any special requests for your visit: Selected interpretive programs may be available to enhance your visit with advance notice. Please see pages 6-7 of the Education Programs & Field Trip Planning Information packet for details.*

**RESERVATIONS:** Please call, fax, or email **at least two weeks before** planned field trip to ensure space availability.

**CANCELLATIONS:** Please notify ***at least one week*** prior to scheduled date.

\*Return this completed form to:

**National Historic Oregon Trail Interpretive Center**

PO Box 987, Baker City, OR, 97814

Fax: 541-523-1834

email: [BLM\\_OR\\_NH\\_Mail@blm.gov](mailto:BLM_OR_NH_Mail@blm.gov)

|                                 |  |                     |
|---------------------------------|--|---------------------|
| <b>NHOTIC<br/>STAFF<br/>USE</b> | Date Request Received & Entered _____    | VIA Initials: _____ |
|                                 | Date of Confirmation Email or Call _____ | VIA Initials: _____ |