



BLM Table Rocks Environmental Education Program

2016 Hike Registration Form

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



1) 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 : _____ # of Participants: _____ # of Chaperones*: _____

**(Please, no more than 1 chaperone per 10 students)*

5) Teacher and/or Program Lead: (Mr., Ms., Mrs.) _____

(Mr., Ms., Mrs.) _____

(Mr., Ms., Mrs.) _____

6) Preferred Dates: *(April 1st through June 5th. No hikes on Mondays. Fridays fill fast.)*

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: **(Minimum : 4 hours required)**

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) **Do you have a SmartBoard / AV set up for a PowerPoint Presentation?** YES NO

12) **How will you prepare your students for their hike? What units or concepts are you teaching in the classroom that you would like us to emphasize?** _____

Please visit our website at <http://www.blm.gov/or/resources/recreation/ablerock/curriculum.php> for more information.

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

14) **Would you be interested in splitting your class in half and having 2 guides?** YES NO

**please see invitation letter for more information*

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

Conformation Letter Mailed:

Date: _____

Conformation Call:

Date: _____

Classroom Presentation:

Date: _____

Time: _____