

Reservation Request Form

School Group Name: _____

City/State: _____

Requested Date of Visit: 1st Choice _____ 2nd Choice _____

Arrival Time on Requested Day of Visit: _____

Contact Person for Group: _____

Phone Number: _____ Email Address: _____

Number of Students: _____ Adults: _____ Grade Level(s) _____

Special Needs: _____

Educational Opportunities: Descriptions on pages 6-7. Indicate your choice(s):

Free of Charge (check all that apply)

\$3 per Student (choice of up to 2 activities)

___ Self-Guided Tour

___ Pioneer Activity _____

___ Scavenger Hunt (3rd-5th grade)

___ Ranger at the Ruts

___ Exhibit Bingo (1st-2nd grade)

___ Gold Panning

___ Children's Pioneer Film

___ Ranger-led Nature Walk

___ Wagons Ho! Exhibit (Jan 24 – Jun 14, 2020)

___ Hands-On Activity _____

RESERVATIONS: Please call, fax, or email this form **at least 3 weeks before** your scheduled visit to ensure space availability.

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

****Return this completed form to:***

Mail: 22267 Oregon Hwy 86, Baker City, OR 97814

Fax: 541-523-1834

Email: BLM_OR_NH_Mail@blm.gov

NHOTIC
 STAFF
 USE

Date Request Received: _____ Initials: _____ Date Visit Was Confirmed: _____ Initials: _____