

Teacher-Led Reservation Form

Date: _____ Arrival Time: _____ Departure Time: _____

Type and number of vehicles: Bus _____ Car _____ Van _____

Number of Students: _____ Grade: _____ Number of Chaperones: _____

Reason for visit: *(Check all that apply below)*

Interpretive Center Lighthouse in small groups (<8) Cobble Beach/Tidepools

Orientation Junior Ranger Salal Hill Quarry Cove Other

Description: _____

Special Requests / Comments: _____

School Name: _____

Teacher /Coordinator Name: _____

Address: _____

Phone #: () _____ Cell () _____

Email: _____

Send completed form to: blm_or_yh_education@blm.gov or fax to 541-574-3140

For office use only:

Registration received: ___ / ___ / ___ Initials: ___ Confirmation: ___ / ___ / ___ Initials: ___

Waive entrance fee?

 Yes No

ASSIGNED CONTACT / ORIENTATION RANGER: _____

Special Instructions: _____

Ranger Comments/Evaluation: _____