

Date of Visit: _____	Rescheduled Date: _____
Arrival Time: _____	Departure Time: _____

(gray box is office use only)



**EDUCATIONAL FARM ANIMAL PROGRAMS
RESERVATION FORM**

Helpers Of Our Farm
668 Midway Road SE, Bolivia, NC 28422
O 910.253.7934 | F 910.253.9386
helpersofourfarm@gmail.com

Please complete all information and return via fax at 910.253.9386

*****A CONFIRMATION WILL BE SENT TO YOU FOLLOWING THIS SUBMISSION*****

Full name of school or organization: _____
Mailing address: _____
City: _____ State: _____ Zip code: _____
Main phone number: _____ Fax number: _____
Teacher/Contact name: _____ Title: _____
Teacher/Contact email address: _____
Teacher/Contact phone number: _____ Ext. _____
Emergency mobile number (if avail.): _____

Please initial here as an agreement that children will be supervised at all times.	
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Grade level of group (please circle all that apply):
Pre-K 1 2 3 4 5 6 7 8 9 10 11 12
Other (please explain): _____

Number of Students: _____ Number of adults: _____

HOOF Mobile Farm Reservation Form: page 2
Tours at the Farm Animal Sanctuary: page 3

ADDITIONAL COMMENTS:

HOOF Mobile Farm ONLY

Please complete the following if you have chosen a HOOF Mobile Farm program.

(Date and time request are subject to availability)

I would like to reserve the following mobile farm program (please see details under "HOOF Mobile Farm Presentations")

<input type="checkbox"/> Schools & Camps (3 week notice required). Classroom/Camp/Homeschool Program choice: Preferred Date: _____ Alt. Date: _____ Preferred Time: _____ Alt. Time: _____	Cost: \$200.00 first hour <input type="checkbox"/> ___ Addt'l hr @ \$125 ea (Pre-K – 1st max 26 kids) (2nd & up max. 26 kids)
<input type="checkbox"/> Assembly Program (3 week notice required) Assembly Program choice: Preferred Date: _____ Alt. Date: _____ Preferred Time: _____ Alt. Time: _____	Cost: \$275 first hour <input type="checkbox"/> ___ Addt'l hr @ \$150 ea (Maximum 150 people)
<input type="checkbox"/> Special Needs Program (3 week notice required). Preferred Date: _____ Alt. Date: _____ Preferred Time: _____ Alt. Time: _____	Cost: \$180 first 45 min <input type="checkbox"/> ___ Addt'l ½ hr @\$90 ea (Maximum 15 people)
<input type="checkbox"/> Hospitals & Libraries (3 week notice required) Assembly Program choice: Preferred Date: _____ Alt. Date: _____ Preferred Time: _____ Alt. Time: _____	Cost: \$275 first hour <input type="checkbox"/> ___ Addt'l 1 hr @\$150 ea (Maximum 150 people)
<input type="checkbox"/> Businesses, Fairs, & Festivals (3 week notice required) Preferred Date: _____ Alt. Date: _____ Preferred Time: _____ Alt. Time: _____	Cost: \$200 per hour (Maximum 3 hours)
MILEAGE Helpers Of Our Farm address: 668 Midway Road SE, Bolivia, NC 28422 Distance to site: _____ miles	First 25 mi FREE \$1.50 each addt'l mi <input type="checkbox"/> ___ mi @\$1.50 per mile

PAYMENT WORKSHEET

Program Choice	Cost	Quantity	Total
Mileage	Cost	Quantity	Total
<i>First 25 miles free, my additional miles are...</i>	\$1.50 per mile		
TOTAL			

PAYMENT

Payment is due upon time of booking. Please see our cancellation policy before booking.

- Payment Options:
- Purchase Order# _____
 - Check (please mail to 668 Midway Road SE, Bolivia, NC 28422)
 - Credit Card (please call 910.253.7934)
 - PayPal to helpersfourfarm@gmail.com

Tours at the Farm Animal Sanctuary ONLY

Please complete the following if you have chosen a field trip for a Tour at the Farm Animal Sanctuary.

(Date and time request are subject to availability)

I would like to reserve the following fieldtrip program (please see details under "Tours at the Farm Animal Sanctuary")

<input type="checkbox"/> Guided School Tour (3 week notice required). Preferred Date: _____ Alt. Date: _____ Preferred Time: _____ Alt. Time: _____	Cost: \$7.00 per person (Minimum 23 people)
<input type="checkbox"/> Custom Guided School Tour (3 week notice required) Requested Topic: _____	Cost: \$7.00 per person (Minimum 23 people)
<i>Please attach essential standards to tailor your tour around if applicable to your tour.</i>	
Preferred Date: _____ Alt. Date: _____ Preferred Time: _____ Alt. Time: _____	
<input type="checkbox"/> Special Needs Program (3 week notice required). Preferred Date: _____ Alt. Date: _____ Preferred Time: _____ Alt. Time: _____	Cost: \$7.00 per person (Minimum 23 people)
<input type="checkbox"/> Guided General Public Tour (3 week notice required). Preferred Date: _____ Alt. Date: _____ Preferred Time: _____ Alt. Time: _____	Cost: \$10.00 per person (Minimum 23 people)
<input type="checkbox"/> Guided Senior Living Tour (3 week notice required). Preferred Date: _____ Alt. Date: _____ Preferred Time: _____ Alt. Time: _____	Cost: \$5.00 per person (Minimum 23 people)

PAYMENT WORKSHEET

Tour Choice	Cost per person	Group Size	Total
TOTAL			

PAYMENT

Payment is due upon time of booking. Please see our cancellation policy before booking.

- Payment Options:
- Purchase Order# _____
 - Check (please mail to 668 Midway Road SE, Bolivia, NC 28422)
 - Credit Card (please call 910.253.7934)
 - PayPal to helpersofourfarm@gmail.com