



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

(gray box is office use only)

**EDUCATIONAL HOMESTEAD FARM PROGRAMS
RESERVATION FORM**

Helpers Of Our Farm
668 Midway Road SE, Bolivia, NC 28422
O 910.253.7934
helper@hoofnc.org

Please complete all information and return via email or mail

*****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: _____

Tours at the Homestead Farm: page 2

Is it OK if Helpers Of Our Farm takes donations at your event? Yes No

ADDITIONAL COMMENTS:

Tours at the Homestead Farm

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

(Date and time request are subject to availability)

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

<input type="checkbox"/> Guided <u>School</u> Tour (3 week notice required).	Suggested Donation: \$5.00 per person (Minimum 25 people/\$125)
Preferred Date: _____ Alt. Date: _____	
Preferred Time: _____ Alt. Time: _____	

<input type="checkbox"/> Custom Guided <u>School</u> Tour (3 week notice required)	Suggested Donation: \$5.00 per person (Minimum 25 people/\$125)
Requested Topic: _____	

Please attach essential standards to tailor your tour around if applicable to your tour.

Preferred Date: _____ Alt. Date: _____	
Preferred Time: _____ Alt. Time: _____	

<input type="checkbox"/> <u>Special Needs</u> Program (3 week notice required).	Suggested Donation: \$5.00 per person (Minimum 25 people/\$125)
Preferred Date: _____ Alt. Date: _____	
Preferred Time: _____ Alt. Time: _____	

<input type="checkbox"/> Guided <u>General Public</u> Tour (3 week notice required).	Suggested Donation: \$7.00 per person (Minimum 21 people/\$147)
Preferred Date: _____ Alt. Date: _____	
Preferred Time: _____ Alt. Time: _____	

<input type="checkbox"/> Guided <u>Senior Living</u> Tour (3 week notice required).	Suggested Donation: \$5.00 per person (Minimum 25 people/\$125)
Preferred Date: _____ Alt. Date: _____	
Preferred Time: _____ Alt. Time: _____	

DONATIONS WORKSHEET

Tour Choice	Donation per person	Group Size	Total
TOTAL			

DONATIONS

Donations are due upon time of booking. Please see our cancellation policy before booking.

- Donation Options:
- Purchase Order# _____
 - Check (please mail to 668 Midway Road SE, Bolivia, NC 28422)
 - Credit Card (use www.paypal.com/us/fundraiser/charity/153371)
 - PayPal to www.paypal.com/us/fundraiser/charity/153371
 - www.gofundme.com/charity/helpers-of-our-farm/donate