



WOODLANDS WILDLIFE REFUGE, INC.

P.O. BOX 5046 CLINTON, NEW JERSEY 08809 P (908) 730-8300 F (908) 730-8311

www.woodlandswildlife.org

EDUCATION PROGRAM AGREEMENT

Name of group/organization: _____

Address: _____ City _____ State _____ Zip _____

Contact person: _____ telephone () _____

Email _____ Program date: ____/____/____ Time _____

Program location: _____ Number of attendees expected _____

Grade level or age of group: _____

Please check the program requested:

- Wildlife Discoveries Learning About Wildlife Wild Neighbors I
- Wild Neighbors II The Science of Woodlands Second Chances
- Resolving Conflict Other If checked provide program details below:

On-site (Woodlands) Offsite

Special requests or needs: _____

Additional notes/details: _____

Program scheduled by: _____ Scheduled Presenter: _____

On site: \$10 per person \$120 minimum Maximum of 25 attendees

Off Site: \$200 for up to 100 attendees \$225 for more than 100 attendees

Program cost: \$_____ Payable to Woodlands Wildlife Refuge. Credit Cards (Amex,V, MC,Disc.)

CC# _____ Exp. Ddate: ____/____ Street number: _____

Zip: _____ Signature: _____

Final confirmation date ____/____/____

Confirmation signature - group _____ date ____/____/____

Confirmation signature - Woodlands _____ date ____/____/____