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Albany Pine Bush Discovery Center 2008 Program Registration Form

General information:

Name of teacher: _____

School or organization name: _____

Mailing address: _____

Daytime phone: _____

Email address: _____

Grade level: _____ Class size*: _____

*We require 1 chaperone for every 8 students.

Program information:

Name of program(s): _____

Desired program dates: (please provide 3 possible dates starting 3 weeks from today, include time of day)

1. _____
2. _____
3. _____

Payment information:

Please calculate your total fee:

Number of students _____ x \$3.00 per student = Total \$ _____

You must pay for your program(s) in advance by check or money order payable to *Albany Pine Bush Preserve Commission*.

Include your payment with this registration form and mail it to the Albany Pine Bush Discovery Center, 195 New Karner Road, Albany, NY 12205

**In order to allow all students to have a positive experience during their time at the Pine Bush, could you please let us know if there are any special accommodations or needs such as allergies (food or stings), visual impairments, accessibility issues, etc. by recording this information on the back of this form. Thank You!*