

## Reservation Agreement

Please send completed and signed form to: Audubon Center of the North Woods PO Box 530, Sandstone, MN 55072 Phone: 320-245-2648; Fax: 320-245-5272 Email: schools@audubon-center.org

Complete in full, sign and return as soon as possible-

Your reservation is not confirmed until we receive this form; many schools book a year in advance.

School/Group Name: _				
Street Address:				
City:		State:	Zip:	
Lead Contact:		Email: _		
School Phone:		School	Fax:	
Dates of ACNW Visit:		Cell:		
# of Students: M(Your best esti			F e finalized on the Scheduling Form)	
Grade(s) of Studer	its: Will	your students be allow	ed to bring phones?   Yes   N	lo
Which would best de	escribe your expec	ted arrival time?	10-10:30 a.m. or 10:30-11 a.	m.
document, I acknow order to cancel ou months before to	vledge that this ag or reservation with he reserved date;	reement confirms ou no cost to our schoo	s correct. By signing this or school's reservation and in ol, I must do so at least four ol will be required to pay a olicy outlined below.	
Your Name:		Title:		
Signature:		Date	:	
If your group size ch	anges or you mu	st cancel, please con	tact us immediately.	
visit. If you discover that	t your group's final at ne Audubon Center a	tendance could vary mor	e confirmed at least two months before e than 10% from numbers you've state ASE NOTE: We will bill small groups f	ed
	s) in advance = no cl	narge; 91-120 days = 30°	tact the Audubon Center immediately. % of estimated total; 61-90 days = 40%	
			with the most accurate estimate of your e and staffing is scheduled for your scl	
OFFICE USE ONLY				
Visit #:	Adjustments:	Billed	Quoted price per person	
Audubon Center of the Nort	h Woods		schools@audubon-cen	ter.ora