



AUDUBON CENTER OF THE NORTH WOODS Reservation Form

School/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Email: _____

School Phone: _____ School Fax: _____

Best time to call (school): _____ (home): _____

Dates of ACNW Visit: _____

of Students: M _____ F _____ # of Adults M _____ F _____ Total _____

Grade/Age of Students: _____

Are there any students or adults with special needs (accessibility, diet, etc.)? If so, please describe.

To the best of my knowledge, the above information is correct.

Name: _____ Title: _____

Signature: _____ Date: _____

If your group grows beyond the reserved space or unforeseen conflicts arise, contact the Audubon Center as soon as possible. If you must cancel your reservation, please see the cancellation policy outlined in the Trip Planner, and contact the Audubon Center immediately.

Questions? Refer to the Trip Planner or get in touch:

ellis@audubon-center.org

320.245.2648 or toll-free 888.404.7743

Fax or mail your completed, signed reservation form to:

The Audubon Center of the North Woods

P.O. Box 530, Sandstone, MN 55072

Fax: 320.245.5272

OFFICE USE ONLY

Visit #: _____ Discount: _____

Confirmation sent: Date: _____ By: _____

Submitted Requests: Date: _____ By: _____

(Meals and Housekeeping)

Schedule and forms sent: Date: _____ By: _____

Billed: Date: _____ By: _____ Amount: _____