



| | |
|----------------------|-------------------------|
| 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. | |
|--|--|

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 & Donation Receipt: 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: _____ | |

DONATION RECEIPT: EIN 47-4706187 (please send to your accounting personell)

| Tour Choice | Donation per person | Group Size | Total |
|--------------|---------------------|------------|-------|
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

DONATIONS

Donations are due upon time of booking. Please see our “Cancellation Policy” and “Package Terms and Conditions” before booking at www.hoofnc.org/reserve-hoof

- 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)
 - Venmo at <https://account.venmo.com/u/hoofnc>
 - PayPal at www.paypal.com/us/fundraiser/charity/153371
 - GoFundMe at www.gofundme.com/charity/helpers-of-our-farm/donate