



Date of Visit: _____	Rescheduled Date: _____
Arrival Time: _____	Departure Time: _____

(gray box is office use only)

**MOBILE FARM PRESENTATIONS
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.	
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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: _____

HOOF Mobile Educational Farm Reservation Form: page 2
 Is it OK if Helpers Of Our Farm takes donations at your event? Yes No

ADDITIONAL COMMENTS:

MAP OF LOCATION (MOBILE BOOKINGS):

HOOF Mobile Farm Presentations

Please complete the following if you have chosen a HOOF Mobile Educational Farm program.

(Date and time request are subject to availability)

I would like to reserve the following mobile farm program (please see details under "HOOF Mobile Farm Presentations")

<input type="checkbox"/> Schools & Camps (3 week notice required) Classroom/Camp/Homeschool Program choice: Preferred Date: Alt. Date: Preferred Time: Alt. Time:	Suggested Donation: \$225.00 first hour <input type="checkbox"/> ___ Addt'l hr @ \$125 (2hr max) (Maximum 50 kids)
<input type="checkbox"/> Assembly Program (3 week notice required) Assembly Program choice: Preferred Date: Alt. Date: Preferred Time: Alt. Time:	Suggested Donation: \$275 first hour <input type="checkbox"/> ___ Addt'l hr @ \$150 (2hr max) (Maximum 150 people)
<input type="checkbox"/> Special Needs Program (3 week notice required) Preferred Date: Alt. Date: Preferred Time: Alt. Time:	Suggested Donation: \$180 first 45 min <input type="checkbox"/> ___ Addt'l ½ hr @\$90 (Maximum 25 people, 2hr max)
<input type="checkbox"/> Hospitals & Libraries (3 week notice required) Assembly Program choice: Preferred Date: Alt. Date: Preferred Time: Alt. Time:	Suggested Donation: \$275 first hour <input type="checkbox"/> ___ Addt'l 1 hr @\$150 (2hr max) (Maximum 150 people)
<input type="checkbox"/> Businesses, Fairs, & Festivals (3 week notice required) Preferred Date: Alt. Date: Preferred Time: Alt. Time:	Suggested Donation: \$225 per hour (Maximum 2 hours)
<input type="checkbox"/> Live Nativity Scene (3 week notice required) Preferred Date: Alt. Date: Preferred Time: Alt. Time:	Suggested Donation: \$175 per hour (Maximum 2 hours)

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

Program Choice	Donation	Quantity (X)	Total
Add-ons	Donation	Quantity (X)	Total
Shade Tent (see Package Terms and Conditions*)	\$75.00		
Animal Bedding (see Package Terms and Conditions*)	\$25.00		
Mileage	Donation	Quantity (X)	Total
First 25 miles included, my additional miles (one way) are...	\$1.75 per mile		
*www.hoofnc.org/reserve-hoof			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