



**RIVER  
VALLEY  
PROGRAMS**  
the outdoor classroom

# Booking Form

Date: \_\_\_\_\_

School: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Numbers – Work: \_\_\_\_\_

Fax: \_\_\_\_\_

Program	Location	Date	Time	Grade	Group Size	# of Staff	Cost
<b>Total</b>							

Special Instructions:

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