



School Name:		
Contact Name:		
Contact Email:		
Contact Phone #:		
Number of Children:		
Grade Level:		
Program Requested (Garden, Plants, Seed, Trees or Pollinators):		
Are you interested in a planting activity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Requested:	10:00am	12:30pm
	Monday	<input type="checkbox"/>
	Tuesday	<input type="checkbox"/>
	Wednesday	<input type="checkbox"/>
	Thursday	<input type="checkbox"/>
	Friday	<input type="checkbox"/>
What can we focus on to help support what you are teaching in the classroom?		
Notes: <i>Students should wear close-toed shoes, a hat and sunscreen. Students should also bring a water bottle and a jacket.</i> <i>Students should be divided up into 4 smaller groups ahead of time. We require at least one adult chaperone per 5 students.</i>		

Please return this completed form to Ashley Young, ayoung@fcgov.com, (970) 416-2491

The Gardens on Spring Creek
2145 Centre Avenue Fort Collins, CO 80526
970-416-2486 www.fcgov.com/gardens

	For Internal Use:	
<u>Volunteers Committed:</u> Confirmed by _____		<input type="checkbox"/> In Altru
		<input type="checkbox"/> In Calendars (3)
		<input type="checkbox"/> Volunteers Requested
		<input type="checkbox"/> Confirmation Email Date _____
		<input type="checkbox"/> Reminders sent to school
		<input type="checkbox"/> Reminder sent to Volunteers
		<input type="checkbox"/> Tour data in spreadsheets
		<input type="checkbox"/> Survey sent to teachers