

(Please mark all that apply)

We are...Eating by...

Bringing lunches

Ridley's lunch

Ridley's Supper

**William P. Ridley 4-H Center  
Environmental Education Program  
Schedule Confirmation Form**

I have returned/attached/mailed:

Copy of the Government  
Certificate of Tax Exemption for  
my School.

Cost per person: \_\_\_\_\_

**Please return this confirmation form, A.S.A.P.** The actual confirmation of your date occurs once the 4-H Center receives your schedule confirmation form and tax exemption certificate. **DO NOT bring payment on the day of your visit. You will receive an invoice after your visit, for BOTH students/adults.**

Date of Visit \_\_\_\_\_ Grade Level \_\_\_\_\_

Name of School \_\_\_\_\_ # of classrooms \_\_\_\_\_

School Address \_\_\_\_\_ County \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Principal \_\_\_\_\_ Email \_\_\_\_\_

Coordinating Teacher \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Method of Travel \_\_\_\_\_ Arrival Time \_\_\_\_\_ Departure \_\_\_\_\_

**Total Participants** (if unsure, please give an estimation) **\*Note—In order to plan and prepare for your visit, please notify the 4-H Center an updated number of participants that you will have seven days prior to your arrival.**

**Students:** Male \_\_\_\_\_ Female \_\_\_\_\_ **Total Students:** \_\_\_\_\_

**Parents:** Male \_\_\_\_\_ Female \_\_\_\_\_ **Teachers:** Male \_\_\_\_\_ Female \_\_\_\_\_

*Groups of less than 120 may be required to share the facilities with another group.*

Special Needs/ Allergies/ Diet requirements:

\_\_\_\_\_

\_\_\_\_\_

**Email Invoice to** \_\_\_\_\_

**\*\* DO NOT bring payment on the day of your visit. You will receive an invoice after your visit.**