

BOOKING FORM

To: **Education Program Coordinator** Today's Date: _____
Fax: 204-326-5046
Phone: 204-326-9661
Web: www.mhv.ca Email: www.education@mhv.ca

PLEASE PRINT

Contact Name : _____ School: _____

School Phone: _____ Email: _____

School Fax: _____ Best time to call: _____

Program Choice: _____ No. of Students: _____ Grade: _____

Supervision: MHV requires 1 adult for every 10-15 students.

We are bringing:

- | | |
|------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> 1 adult/10-15 | <input type="checkbox"/> 2 adults/16-30 |
| <input type="checkbox"/> 3 adults/31-45 | <input type="checkbox"/> 4 adults/40-60 |
| <input type="checkbox"/> 5 adults/ 51-75 | <input type="checkbox"/> other _____ |

Time of Arrival & Departure:

Preferred Date:

1) _____ 2) _____ 3) _____

Program Costs:

Interpretive	Hands-On	Day Care
___ \$5.00	___ \$6.00	___ \$5.00
___ \$5.50w/wagon ride	___ \$6.50w/wagon ride	___ \$5.50w/wagon ride

Winter Program	Structures/Windmill (Gr. 3)
___ \$6.00	___ \$4.50
___ \$7.50w/sleigh ride	

What else do we need to know about your group?

We record all bookings on a first come – first served basis.