



**EDUCATION PROGRAM FOR ELEMENTARY SCHOOL STUDENTS  
TOUR RESERVATION REQUEST FORM**

(PLEASE MAKE A COPY OF YOUR RESERVATION FORM; IT IS THE SCHOOL'S "INVOICE.")

Teacher/Tour Coordinator Name (Please print) \_\_\_\_\_

School and Room # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact/Work # \_\_\_\_\_ E-mail \_\_\_\_\_

PLEASE E-MAIL COMPLETED REGISTRATION FORM(S) TO: [kumeyaay\\_tourres@ci.poway.ca.us](mailto:kumeyaay_tourres@ci.poway.ca.us) OR FAX TO: 858/668-1231

QUESTIONS? PLEASE E-MAIL: [kumeyaay\\_tourres@ci.poway.ca.us](mailto:kumeyaay_tourres@ci.poway.ca.us)

**SCHOOL TOURS AVAILABLE ON THE FOLLOWING DAYS:**

THURSDAY, AND FRIDAY (EXCEPT SUMMER AND SCHOOL HOLIDAYS AND BREAKS)

**MORNING TOURS ONLY: 9:00 -11:30 A.M. (THERE ARE NO AFTERNOON TOURS.)**

**TOURS MUST CONCLUDE NO LATER THAN 12:00 NOON**

**MAXIMUM 28 STUDENTS PER TOUR – NO EXCEPTIONS, PLEASE**

**TOUR FEE: \$4/PER STUDENT / SCHOOL DISTRICT PURCHASE ORDERS PAYABLE TO**

"FRIENDS OF THE KUMEYAAY" ARE PREFERRED

TEACHERS AND HELPERS/PARENTS ARE ALWAYS FREE!

**PLEASE USE ADDITIONAL FORMS, IF NECESSARY**

Class/Teacher's Name (One class per box, please)	Students' Average Age	<i>Requested</i> Tour Date	Number of students	Total Fee Due

**CANCELLATION POLICY**

Three volunteers, referred to as docents, conduct the tours and hands-on activities. Occasionally, due to unforeseen circumstances, a tour may have to be canceled. The school's tour coordinator will be notified. \*\*If a school cancels a tour, no fees will be refunded if the trip is canceled within three (3) business days of the scheduled tour date. \*\*

Rain Policy: Tour will automatically be canceled if there is 50% or more chance of rain at 6 p.m. on the evening prior to the day of the tour. Please check NOAA's website - <http://forecast.weather.gov/zipcity.php>. **NO NOTICE WILL BE GIVEN.**

CHECK THIS BOX TO CONFIRM THAT YOU ACCEPT THE CANCELLATION POLICY Date \_\_\_\_\_

..... **FOR OFFICE USE ONLY** .....

FORM OF PAYMENT: Purchase Order  Amount \_\_\_\_\_ Number \_\_\_\_\_  
 Cash  Amount \_\_\_\_\_  
 Check  Check # \_\_\_\_\_

Received by: \_\_\_\_\_ Date \_\_\_\_\_