



13501 Franklin Boulevard Galt, California 95632 916.683.1703 • telephone 916.683.1702 • facsimile www.cosumnes.org

Field Trip Reservation Form

Name(s) of all accompanying	leaders/teachers:			
School/Organization:		District:		
Phone Numbers: work ()	home ()_		
Mailing Address:		City:	Zip code:	
Email Address:	Approx. Date(s) of previous field trips to CRP:			
Desired Date of Field Trip:		Alternate Date(s):		
Time Arriving:	Time Leaving:	Means of T	Means of Transportation:	
No. of Students Grade Level(s		No.	No. of Adults:	
Workshop at the Preserve will Date of Workshop Field Trip Schedule (please e		duled field trip.		
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Visitor Cente River Walk N		Time		
Lost Slough	Wetlands Boardwalk	Time		
Objective				
As a result of the trip to the Co	osumnes River Preserve, my	group will learn / know / ι	understand	
Pre-Visit Activities				
Please check the classroom ac CRP curricul Other (please	ctivities you have or will be con um pre-visit Fall/Spring activity e list activities)	_		

To complete your reservations, please return this form to the Cosumnes River Preserve as soon as possible. If you have any questions, contact John Durand at 916-683-1703 or <a href="mailto:idealing:ide

Cooperators