



**Class/School/Group Name:** \_\_\_\_\_

**Size of Group:** \_\_\_\_\_

**Number of Packets Requested:** \_\_\_\_\_

*(One packet for every child/student participating in the activity is recommended)*

**Grade Level:** \_\_\_\_\_

**Zip code:** \_\_\_\_\_

**Contact Information:**

**Contact Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

*Once completed please send this form to [rcoombs@prescott.org](mailto:rcoombs@prescott.org).*