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| **SCHOOL BOOKING REGISTRATION FORM** | | | | |
| SCHOOL NAME | |  | | |
| POSTAL CODE | |  | | |
| CONTACT NAME | |  | | |
| CONTACT PHONE # | |  | | |
| CONTACT EMAIL | |  | | |
| ENGLISH or FRENCH | |  | | |
| RESERVATION DATE (3 choices) | |  |  |  |
| GRADE LEVEL | |  | | |
| NUMBER OF STUDENTS | |  | | |
| NUMBER OF CHAPERONES | |  | | |
| NUMBER OF EAs | |  | | |
| ARRIVAL TIME | |  | | |
| DEPARTURE TIME | |  | | |
| **ITINERARY** | | | | |
| PROGRAMS/TOURS (1hr) (Please indicate your choice) | |  | | |
| ACTIVITIES (40 mins - 1hr) (please indicate your top 3 choices) | |  | | |
| NUMBER OF ACTIVITIES  (maximum of 3) |  |  | | |
| PLEASE NOTE:  1 chaperone free per 5 students Minimum of 1 chaperone per group of 20 students • EAs accompanying a student do not need to pay | | | | |
| CONTACT NOTES: (list all students' special requirements) | | | | |
| We ask that payment be made by one designated person for the group. Regular admission fees apply for those who arrive and pay separately. Payment can be made by Visa, MasterCard, Interac, cash or cheques made out to the Receiver General For Canada. | | | | |
| Please visit the following website to view The Forks NHS information! | | | | |
| <https://parks.canada.ca/lhn-nhs/mb/forks> | | | | |

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| **SCHOOL BOOKING CONFIRMATION (INTERNAL USE ONLY)** | | | | | | | |
| **Customer Account Number** | |  | | | **Confirmation Number** | |  |
| **FEES** |  | | | | | | |
| **All of the above information has been confirmed by a The Forks NHS Visitor Services Attendant** | | | | | | | |
| **DATE OF CONFIRMATION (dd/mm/yy)** | | |  | **CONFIRMED BY** | |  | |