



OutReach Programming with The Welman Project

emily@thewelmanproject.org • 817.939.1110 • www.thewelmanproject.org

PROGRAM RESERVATION FORM

Please call for current fees. All reservations are taken on a first-come, first-served basis and are subject to instructor/volunteer availability. Reservations are required 3 weeks in advance. Payment must be paid 2 weeks before the program and can be made by check or credit card. Programs are considered tentative until payment is received. For more information and for special payment requests, contact Emily Galpin at 817.939.1110 or e-mail emily@thewelmanproject.org.

Scan and send the form back electronically to emily@thewelmanproject.org or mail to Emily Galpin, c/o The Welman Project, 1481 Southlake • TX • 76092. Once received, you will be contacted to confirm program, date/time and payment specifics.

CONTACT INFORMATION

Person Responsible: _____ Phone Number: _____

Cell Phone Number: _____ E-Mail Address: _____

Address: _____ City _____ State _____ Zip _____

Organization Represented: _____

Alternative Adult Contact Name: _____ Phone Number: _____

PROGRAM INFORMATION

Requested Date: _____ Beginning Time: _____

Alternative Date: _____ Beginning Time: _____

Topic Requested: _____

Number of participants: _____ Age range of participants: _____

Proposed location: _____

PAYMENT INFORMATION:

AMOUNT PER PARTICIPANT: \$ _____ PROPOSED # OF PARTICIPANTS: _____ TOTAL PAYMENT DUE: _____

REFUND POLICY / LIABILITY WAIVER/PHOTOGRAPHY WAIVER

Refunds: A full refund will be issued for programs cancelled at least 3 business days before the confirmed date. A full refund will be issued for programs cancelled at least 1 week before the confirmed date. All cancellations received after the indicated date may be subject to a 50% penalty.

Liability: I certify that I understand any dangers inherent to my participation in this activity and further state I am physically sound to participate. I hereby relieve The Welman Project, its employees, agents, and instructors of all liability that occurs by my participation in all programs/classes. Furthermore, I have read and understand the refund policy.

Photographs: I understand The Welman Project may use photographs of participants for promotions. As a representative of the youth organization, I have informed the guardians of youth involved about the possibility of photographs. See permissions listed on the reverse side of this form.

Signature of Representative: _____

Date _____

FOR OFFICE USE ONLY:

Name of Instructor: _____ Date/location confirmed by Instructor: _____

PAYMENT: PAYMENT TYPE: CASH _____ CHECK _____

CREDIT CARD: MASTER CARD / VISA _____ EXPIRATION DATE _____

LIST OF PARTICIPANTS NOT PERMITTED TO BE IN PHOTOGRAPHS FOR NATUREREACH:

GROUP: _____ **DATE:** _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____