



Discovery Walks Registration Form

Organization Name: _____

Contact Person: _____

Address: _____

Phone: _____

Email: _____

Ages of Children: _____ # of Participants (include adults): _____

Date Requested: _____ Time Requested: _____

Cost: \$5.00 per participant for groups of 20 or more. Contact us for rates for groups less than 20. Accepted forms of payments: cash or check made payable to C.A.R.E.

Please check one:

Payment enclosed. Cash Check # _____

Will bring payment on the day of the Discovery Walk.

Bill us at the address below:

Mail completed registration form to:

Discovery Walks
c/o Dandelion Child Care
2538 Jefferson Pike
Jefferson, MD 21755

Fax completed registration form to:

Fax: 301-834-6456
Phone: 301-834-9007 (Dandelion Child Care)
Email: discoverywalks@educatewithcare.com
Website: www.educatewithcare.com