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:  Fax completed registration form to:
Discovery Walks  Fax:  301-834-6456
c/o Dandelion Child Care  Phone:  301-834-9007 (Dandelion Child Care)
2538 Jefferson Pike  Email: discoverywalks@educatewithcare.com
Jefferson, MD  21755  Website:  www.educatewithcare.com