



AUDUBON CENTER OF THE NORTH WOODS Scheduling and Billing Form

Please return this form at least **three months** before your visit. Thanks!

School/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Email: _____

School Phone: _____ School Fax: _____

Best time to call (school): _____ (home): _____

Final # of Students: M _____ F _____ # of Adults M _____ F _____ Total _____

To whom should the bill be sent, if other than specified above? Payment is requested within thirty days after your visit.

Send bill to the attention of: _____

School/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please indicate the classes you are interested in.

(two days = 2 classes; three days = 4 classes; four days = 6 classes; 5 days = 8 classes)

First choices: _____

Second choices: _____

Evening classes (optional): _____

Special Class: History and the Environment: North West Company Fur Post Hinckley Fire Museum

Please indicate other services you are interested in.

Snacks (fee of \$.75/person per snack): Afternoon Evening

Birthday cake(s) (free): No Yes # _____

Visit to the Audubon Center Store: No Yes