**Kids Harvest Fest Oct. 30**

Group Registration FORM

Clarke County Fairgrounds, Berryville VA

[www.HarvestGathering.org](http://www.harvestgathering.org) info4TheGathering@gmail.com

Teacher / Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Co-Teacher(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*The names of additional teachers/leaders are required for field trip groups with two or more classes)*

Field Trip Coordinator : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Organization : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Org. Phone # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level \_\_\_\_\_\_\_\_\_\_ # of Classes: \_\_\_\_\_\_\_\_\_\_\_\_\_ # of Students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Adults: \_\_\_\_\_\_\_\_\_\_

Applicant Notes : (Please specify, e.g. mobility, visual, hearing, language)

***Program photos are sometimes taken for publicity purposes.***

* I do want photos taken of my students
* I do **not** want photos taken of my students

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***Please choose which best applies to your group \****

*For tracking purposes only*

* *Home School*
* *Private School*
* *Public School*
* *Combination*

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Official Use Only

Number of Children’s tickets purchased x \_\_\_\_\_\_   x $5

Number of Adult tickets purchased x \_\_\_\_\_\_\_ x   $5

Total Tickets Purchased \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amt Paid \_\_\_\_\_\_\_\_\_\_   Method of Payment Check, Cash, Credit Card