

Kids Harvest Fest Oct. 30

Group Registration FORM

Clarke County Fairgrounds, Berryville VA

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

Please choose which best applies to your group *

For tracking purposes only

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

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