

2007 Las Vegas Farm Festival
October 16, 17, 18, 2007
Registration Request Form

(Field Trip Only)

*Receipt of this form places you on a waiting list,
Not all requests will be granted due to scheduling limitations.*

Contact Person - Summer telephone number, home address, and email address are required for confirmation.

Contact Person _____

Home Address _____ City _____

Zip _____ Home Phone _____

Email address _____

School _____ School Phone _____

Nearest Major Cross Streets to school _____

School Information:

Is your school Year-Round? Yes _____ No _____

Is your school a "Success For All" school? Yes _____ No _____

Has this field trip been preapproved by your principal? Yes _____ No _____

What time does your school start? _____

Approximate number of students attending _____ Adults _____

Transportation:

All transportation costs are the responsibility of your school.

It is the responsibility of each teacher to arrange for transportation.

Will you be using CCSD busses? Yes _____ No _____

Will any students attending be from a Special Education classroom? Yes _____ No _____

What special accommodation do you need? _____

Due to new transportation rules, buses will not be allowed to make any additional stops, including for lunch. Each bus is allotted only 1.5 hours at the Farm Festival. You must make arrangements for lunch at your school before or after.

Scheduling:

Please prioritize your preference of days to attend:

Tues., October 16 _____ Wed., October 17 _____ Thurs., October 18 _____

Times will be assigned at Farm Festival schedulers' discretion.

Please mail these form to:

Las Vegas Farm Festival
681 Straight Street
Las Vegas, NV 89110

To be considered in the first round of scheduling, this form must be received by **July 14, 2007**.

You will not be notified of registration and scheduling until after **August 1, 2007**.

Questions about registration, please email: LVFarmFestival@aol.com

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Contact Person _____

School _____ Region _____

List all teachers that will be attending from your school, including yourself.

(Please make sure we can contact everyone during the summer at the addresses shown below.)

Name _____ Home Phone _____ Grade _____

Home address _____ City _____ Zip _____

Email address _____

Track _____ Estimated number of students _____

Name _____ Home Phone _____ Grade _____

Home address _____ City _____ Zip _____

Email address _____

Track _____ Estimated number of students _____

Name _____ Home Phone _____ Grade _____

Home address _____ City _____ Zip _____

Email address _____

Track _____ Estimated number of students _____

Name _____ Home Phone _____ Grade _____

Home address _____ City _____ Zip _____

Email address _____

Track _____ Estimated number of students _____

Name _____ Home Phone _____ Grade _____

Home address _____ City _____ Zip _____

Email address _____

Track _____ Estimated number of students _____

Name _____ Home Phone _____ Grade _____

Home address _____ City _____ Zip _____

Email address _____

Track _____ Estimated number of students _____

Approximate TOTAL number of students _____ Adults _____

If you need to list additional teachers, make a duplicate of this sheet