



WOLDUMAR NATURE CENTER

Program Reservation Form

We will contact you as soon as possible to confirm your program or to alert you to scheduling conflicts.

Organization Name: _____

Contact Person: _____ Member ☐ Y ☐ N

Other teacher(s): _____ Member ☐ Y ☐ N

Organization Address: _____

Contact Phone: _____ Contact Email: _____

Program Choice(s): _____

Grade Level: _____ Number of Classes: _____ Number of Students: _____

""Lunch"" ☐ Y ☐ N ""P"" ☐ Y ☐ N ""Gift Shop"" ☐ Y ☐ N Have you utilized Woldumar in a past year? ☐ Y ☐ N FT or TN

Date you are interested in: _____ Time: _____

Alternate Date: _____ Alternate Time: _____

*** TO BECOME A MEMBER AND RECEIVE THE MEMBER DISCOUNT FOR YOUR CLASS, PLEASE COMPLETE THE FOLLOWING INFORMATION ***

Your name and spouse/partner name (if applicable): _____

Names of other family members: _____

Home address: _____

Phone number: _____ Alternate phone: _____

E-mail: _____

How do you prefer to receive your newsletter (circle)?

Postal Service

E-mail

I am interested in:

_____ Education volunteer

_____ Grounds volunteer

_____ Special events volunteer

_____ Office volunteer

_____ Attending Woldumar Community Programs

Membership Dues \$42 _____

Additional gift \$ _____

Total \$ _____

Checks payable to Woldumar Nature Center

5739 Old Lansing Rd. • Lansing, MI 48917

phone (517)322-0030 fax (517)322-9394

Email: lena@woldumar.org • Visit our website www.woldumar.org