

**ANGEL ISLAND STATE PARK
LIVING HISTORY PROGRAM
RESERVATION FORM 201/2012 SCHOOL YEAR**



Return to Angel Island State Park, P.O. Box 318, Tiburon, CA 94920, Attn: L.H.P ,
via fax 415-435-0850 or mail. Email questions to AIELP@parks.ca.gov or call 415-435-3161

Name: _____

Work Phone:_(_____)_____

School Name:_____

School Address:_____

City:_____ Zip:_____

Email: _____
Summer contact # _____

Mark either:

- YES, I would like to bring my class during the 2011/2012 school year.
- Or,
- NO, not this year, keep me in the database for the 12/13 school year.
- Or,
- NO, please remove my school from the database.

**Use a 1, 2, or 3 to rank your three preferences for a field trip date.
Each choice must be in a different month.**

	Week 1	Week 2	Week 3	Week 4		Week 1	Week 2	Week 3	Week 4
Sept.					Feb.				
Oct.					Mar.				
Nov.					Apr.				
Dec.					May				
Jan.					June				

To help us schedule you, please provide the following information.

<u>Event</u>	<u>Dates</u>
Beginning of School	_____
Winter Break	_____
Spring Break	_____
End of School	_____
Other IMPOSSIBLE Dates	_____

If year-round, what months off _____

Selected teachers will be notified by September 1st

<p>Form must be received by August 1, 2011</p>
