

HALLOCKVILLE MUSEUM FARM
6038 Sound Ave, Riverhead, NY 11901
Telephone: 631-298-5292 / Fax: 631-298-0144
Hallockv@optonline.net or Hallockville@Yahoo.com

RESERVATION FOR HALLOCKVILLE EDUCATION PROGRAMS

School: _____ School District: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Email: _____

School Phone: _____ Alternate Phone: _____

Best Time and Way to be Contacted: _____

Grade Level: _____ # of Classes: _____ # of Students Per Class: _____

Total # Students: _____ # of Teachers: _____ # of Additional Adults: _____

Date(s) of Visit: _____ Total # of Days Visiting: _____

Alternative Date(s) of Visit: _____

Time Leaving School: _____ Time of Arrival: _____ Time of Departure: _____

Lunch on Site: YES NO Gift Shop: YES NO Total # of Visitors: _____

Please indicate your choice of programs: Hallockville Homestead Tour _____

*Immigrant Farmer Experience at Hallockville _____

Special Needs / Accommodations: _____

- Cost per Student: \$ 9
- Cost per Chaperone: \$ 9 (no charge for each chaperone that accompanies every 10 students)
- Cost per Additional Adult: \$ 9

Number of Students: _____ X \$ 9 = \$ _____

Number of Chaperones: _____ X \$ 9 = \$ _____

Number of Additional Adults: _____ X \$ 9 = \$ _____

TOTAL = \$ _____

Deposit 10% of Total: (Please mail deposit of Hallockville *prior* to tour) \$ _____

Remaining Total Due at Visit: \$ _____

Form of Payment (circle): BOCES Master Card Visa Card Cash Check (payable to Hallockville, Inc.)

CC#: _____ Expiration Date: _____

(Total cost is subject to change depending on actual number of students individuals that attend on tour date)

Please fill out the following information for each teacher and assistant who will be attending:

1. _____
Teacher Name # *Students in class* *Grade* *Date of visit*

Teacher Assistant Name # *of Additional Adults attending with class*

2. _____
Teacher Name # *Students in class* *Grade* *Date of visit*

Teacher Assistant Name # *of Additional Adults attending with class*

3. _____
Teacher Name # *Students in class* *Grade* *Date of visit*

Teacher Assistant Name # *of Additional Adults attending with class*

4. _____
Teacher Name # *Students in class* *Grade* *Date of visit*

Teacher Assistant Name # *of Additional Adults attending with class*

5. _____
Teacher Name # *Students in class* *Grade* *Date of visit*

Teacher Assistant Name # *of Additional Adults attending with class*

6. _____
Teacher Name # *Students in class* *Grade* *Date of visit*

Teacher Assistant Name # *of Additional Adults attending with class*

7. _____
Teacher Name # *Students in class* *Grade* *Date of visit*

Teacher Assistant Name # *of Additional Adults attending with class*

8. _____
Teacher Name # *Students in class* *Grade* *Date of visit*

Teacher Assistant Name # *of Additional Adults attending with class*