

1 Requested by

Contact _____

Organization _____

Email _____

Phone (____) _____

Fax (____) _____

2 Workshop Location

Place _____

Billing Address Same as workshop location

Street _____

Street _____

City _____

City _____

Province _____ Postal Code _____

Province _____ Postal Code _____

3 Workshop Details

Workshop Requested (e.g Project WILD, Project WET, etc.) _____

For a detailed listing of our workshops please visit our website or contact our office at education@hctf.ca.

Date(s) workshop is requested for _____

Start Time _____ Finish Time _____ Number of participants _____ Can we add additional people? Yes No

Who will be attending? Please check ☒ all that apply.

Preschool K-5 6-8 9-12 Post Secondary Community group Other: _____

Is there access to an outdoor green space? Yes No Please describe: _____

Other requests or information:

4 Terms and Conditions

We understand and agree to the following terms:

- All HCTF Education workshops are invoiced at \$100/hr starting 30 minutes before and after workshop agenda start and finish time.
- Resource books will be available for additional cost above the workshop basic fee. Please check with the office for current pricing.
- Minimum of 10 and maximum of 30 participants.
- Additional fees may be applied for facilitator travel to some locations.
- Workshop will be invoiced upon workshop completion.

Signature

Date