ENRICHMENT PROGRAM FORM

Contact Name: ________________________________________________________________
Telephone: _______________________  Email: _____________________________________
Organization: _________________________________________________________________
Grade Level: _______  Address: __________________________________________________
City: __________________________________________  State: _____  ZIP: _____________
Telephone: __________________________  Email: __________________________________
Visit Date: ______________________  Arrival Time: ___________  Dismissal: ____________
Number of Children Expected: ________  Number of Adults / Chaperones Expected: ________
Known medical or behavioral issues (if relevant): _____________________________________

For enrichment programs, we request one teacher / chaperone for every 10 children; if alternative arrangements
are needed, they should be discussed with the Education Director prior to the program.

FEES:
● Enrichment programs are $100 per program hour
● Additional fee(s) if applicable: _____________________________

TOTAL COST: _______________________________

Signature:_________________________________________  Date:_________________

Please present this completed form with check payment the day of the visit.

Mailing the form and payment in advance of an enrichment program is not required, but if you choose
to do so, please be sure to mail it to the following address:

Wright-Locke Farm Conservancy
Attn: Education Director
PO Box 813, Winchester, MA 01890

Please contact Erika Gorgenyi, Education Director, by email (egorgenyi@wlfarm.org) if you have any
questions or concerns.

Additional Notes: