

# Program Reservation Form

Ellicott Wildlife Rehabilitation Center  
PO Box 75069  
Colorado Springs, CO 80970

Please return a copy of this form to schedule a program.

School/Organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

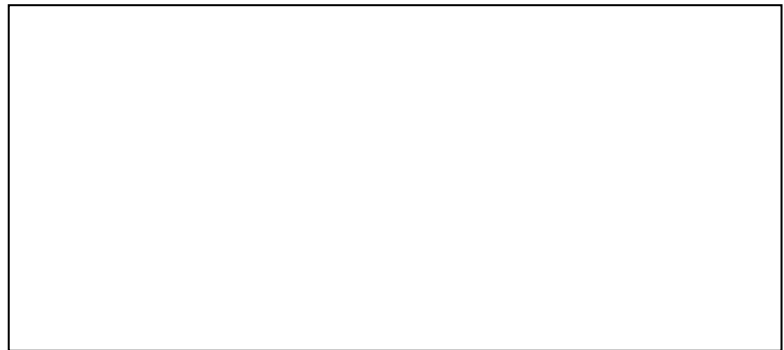
Building address (if different): \_\_\_\_\_  
**please draw map in box at right**

### Contact Information

Name: \_\_\_\_\_

Phone# \_\_\_\_\_

Best time to contact:  
\_\_\_\_\_  
\_\_\_\_\_



Date of program: \_\_\_\_\_ Program start time: \_\_\_\_\_

Location of program (classroom#, auditorium, etc.): \_\_\_\_\_

# of participants: \_\_\_\_\_ Age range of participants: \_\_\_\_\_

Donation of \$ \_\_\_\_\_ enclosed  
\_\_\_\_\_ will be paid prior to start of program

Please make check payable to: EWRC

### **VERY IMPORTANT NOTE:**

**We do not guarantee a particular bird at a particular program.** Due to the fact that the birds foster other birds and because of other reasons, some birds may be unavailable at certain times. Live birds cannot be presented in an unruly situation. Please instruct your participants that they must remain seated and as quiet as possible. If these conditions cannot be met, the bird/birds will not be presented. Additionally, a reasonably quiet location is required for the bird/birds prior to presenting, that place will be: \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible party

Written confirmation will be sent about 2 weeks before your scheduled program/programs.  
Please email any questions to: [ellicottwildlife@gmail.com](mailto:ellicottwildlife@gmail.com)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_