GROUP CONTRACT REQUEST FORM: EDUCATIONAL

1. **Please arrive on time.** Plan time for your group to use the restroom facilities, be divided into smaller groups, etc. before the scheduled time for your program. Park staff has set aside time to spend with your group, so please notify the park if you are going to be late arriving for your visit. In addition, we may also have other arranged group programs scheduled after yours. Being more than **30 minutes late** will require your group to forfeit their program without refund.

2. The Group Contract Request Form must be received a minimum of two (2) weeks prior to date of program. Program date and time is not finalized until approved by the park management.

3. Programs to be paid a minimum of two (2) weeks prior to the event, unless stated otherwise.

4. A 72 hour notification is required to reschedule or to receive a full refund for the program.

5. In case of inclement weather occurring at the program location or emergency (in an emergency situation, the park may require confirmation) either a full refund will be given or program will be rescheduled. Please contact the Nature Center at 770-389-7801, if any cancellations or rescheduling is needed.

6. We require 1 adult for every 10 minors. It is the responsibility of the adults within your group to ensure discipline.

Group/Coordinator Name: __________________________________________________________

Address: ________________________________________________________________________

Phone: __________________________ E-mail: _____________________________________________

Number of Participants in Group: __________ Ages of Participants: _______________________

Program Title (Circle):

Preferred Date of Program: ________________ Preferred Time for your Program to Begin: __________

Alternate Date(s): __________________________________________________________________

We can accommodate all levels and abilities, however please list any needs or concerns you may have (i.e. physical strength, age, disabilities, etc.):

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Signature of Group Leader: __________________________________________ Date: ______________

Send Group Contract Request Form To:

Panola Mountain State Park
Interpretive Group Programs
2600 GA Hwy. 155 SW
Stockbridge, GA 30281
Phone: 770-389-7801
Fax: 770-389-7925
pm.naturalist@gmail.com

TO BE COMPLETED BY PARK STAFF

Program Approved: __________ Date: ________

GEORGIA

DEPARTMENT OF NATURAL RESOURCES

PANOLA MOUNTAIN STATE PARK