

Slide Ranch Group Program Application

*Please complete this entire form. No fee is required at this time.
We will notify you of your status within a month of the application deadlines.*

Program Session	Application Deadline	Notification Date
Fall Session (Sept - Dec)	May 15th	June 15th
Spring/Summer Session (Feb - Aug)	October 15th	November 15th

Date of application: _____ Name of school or group: _____

Your name & title: _____ / _____
(Name) (Title)

Name(s) of teachers/group leaders attending (if different from above): _____

Mailing address: _____ City: _____ Zip: _____

Is this the school/organization's address? Yes No

Phone: Home: _____ Work: _____ Cell: _____

Fax: _____ E-mail: _____ Website: _____

Program Session (mark one): Fall (Sept-Dec) Spring (Feb-May) Summer (June-Aug)

Program Length: One day Two day/one night Three day/two nights Longer

Schedule Availability

Preferred Dates: 1st choice: _____ Is your schedule flexible? No Yes
 2nd choice: _____ If **Yes**, please circle available months and
 3rd choice: _____ days of the week →

Feb	Mon
Mar	Tues
Apr	Wed
May	Thu
Jun	Fri
Jul	Sat
Aug	
Sep	
Oct	
Nov	
Dec	

Are there any dates you could not come? _____

How do you plan to travel here? Bus * **Please note all buses must be no longer than 35 feet.**
 Van(s) Parent drivers Other _____

Have you applied but not been able to come in the past? Yes No

Group Description

Estimated group size: Students _____ Adult Leaders _____

Age range: _____ Grade (if applicable): _____ Income Level: Low Middle Upper

Special Needs Considerations:

- | | |
|--|--|
| <input type="checkbox"/> Youth-at-risk | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Developmentally delayed/disabled | <input type="checkbox"/> Physically impaired |
| <input type="checkbox"/> Severely emotionally disturbed | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> English Language Learners (specify native language/s) _____ | |

Please describe special needs (continue on back): _____

Standard program rates are \$20/person (1 day) and \$42/person (each overnight). Please indicate the rate on this scale that you can pay: \$_____

Do you wish to make an additional donation? Yes amount =\$_____

Do you plan to request scholarship assistance? Yes No

If so, how much do you expect to be able to contribute, per participant? _____

(These questions are for administrative purposes and do not influence your chances of being selected).

* How did you hear about Slide Ranch? _____

Every bite of food connects us to the soil, sun, water, and air, and to the people who work to feed us. Thank you for supporting us in teaching respect and responsibility for sustaining these connections.

Important: Indicate your interest in bringing a group to Slide Ranch on the back of this form.

*Please return to: Slide Ranch Group Programs • 2025 Shoreline Hwy • Muir Beach, CA • 94965
 phone: 415-381-6155 fax: 415-381-5762 website: www.slideranch.org*