

Program Request Form

• School/Group name:		
Requested date of program:		
• Teacher/Contact Person:		
Requested time:		
Approximate # of people attending the program:		
Program setting:		
Program(s) of choice (refer to program menu):		
Where should SWCD staff report to upon arrival?		
• Do you prefer the use of audio-visual equipment during the program or a more hands-on approach? (circle preference)		
Is there anything SWCD staff should be aware of that would	make our program mo	ore effective?
 Please list the name, telephone number and email of the mai SWCD staff would need to cancel due to inclement weather, 		
Name:	Telephone: () -
Title (if applicable):	Email:	
 Fee: (does not include supervisory adults in attendance) \$2/participant for a single group/class \$1/participant for combined/multiple groups/classes Consult with SWCD staff for final fee per participant when schedule 	ling a program.	
Choose your Payment method: (payment is submitted after the	program is completed)
□ ILEPAY – go to SWCD website at	\Box cash	
www.winnebagoswcd.org	□ invoice	
□ check - make payable to 'Winnebago County SWCD'		

Please mail or email this completed form to the Winnebago County Soil and Water Conservation District: 4833 Owen Center Road, Rockford, 61101