

Slide Ranch Group Program Application

Please complete this entire form. No fee is required at this time. Selection will be made by modified lottery. We will notify you of your status within 3 weeks of the application deadlines.

<u>Program Session</u>	<u>Application Deadline</u>	<u>Notification Date</u>
Fall Session (Sept - Dec)	May 15th	June 1st
Spring/Summer Session (Feb - Aug)	Oct 1st	Oct 20th

Date of application: _____
 Your name: _____
 Name of school or group: _____
 Mailing Address: _____ City: _____ Zip: _____
 Phone: Home: _____ Work: _____ Cell: _____
 Fax _____ E-mail &/or website: _____

THIS BOX FOR OFFICE USE ONLY						
Current Prog.Date(s)	Status CNF/WL	Schol. Y/N	Rate (-4A)	Dep/Inv. Sent On	By Intl.	Review Date
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

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 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:
 Youth-at-risk Homeless
 Developmentally delayed/disabled Physically impaired
 Severely emotionally disturbed Other _____
 English-as-a-second language (specify native language(s)) _____

Please describe special needs (continue on back): _____

Standard program rates are \$15/person (1 day) and \$35-40/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*