



Request Date: _____

Confirmation Number: _____

Calico Mountains Archaeological Site Activity Request

Date and Time of Event: From _____ on _____ to _____ on _____
(hour) (date) (hour) (date)

Activity: _____

CONTACT INFORMATION:

ORGANIZATION _____

Name _____ Title _____

Phone _____ EMERGENCY Phone _____

Address _____

City _____ State _____ ZIP _____

Email _____

ADDITIONAL INFORMATION:

Number of participants: Adults _____ Children _____ (Children's age range) _____

Interested in: (check all that apply)

Excavation Instruction _____ Site Orientation Talk _____

Guided Trail Tour _____ Staff Lecture _____

Classroom Activities w/ staff instructor (see cover letter for lessons) _____

Flintknapping Demo/Instruction (ages 12 and over) _____

Craft (Basketry, Pottery, Musical Instrument) Instruction (all ages) _____

Will you be camping overnight on site? YES NO

Check any additional items needed during your stay:

Propane Grill _____ Council Fire Ring _____ Use of our Classroom _____ Projector _____

Suggested Project (Can be completed for \$100 off of the weekend group fee) _____

OFFICE USE ONLY: For Project Director, Education Chair and Site Manager

Contact Approval: _____ Date _____ Approval: _____ Approval: _____

Craft Fee _____ Project Approved: _____ Amount of Fees _____ Date fees paid _____