



**SUTTER'S FORT**  
STATE HISTORIC PARK  
RIVER TRIP APPLICATION 2010

**School Information:**

School Name: \_\_\_\_\_

Grade Level(s): \_\_\_\_\_ Number of: Students: \_\_\_\_\_ Adults: \_\_\_\_\_

School Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ Teacher's Extension: \_\_\_\_\_

School District: \_\_\_\_\_

**Please indicate 1<sup>st</sup> and 2<sup>nd</sup> Choice: (F.A.Q. page for information)**

1<sup>st</sup>: Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: 10:00 a.m. 12:00 noon      Location: (Circle One) Red Bluff      Colusa

2<sup>nd</sup>: Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: 10:00 a.m. 12:00 noon      Location: Red Bluff      Colusa

**Teacher's Information:**

1. Have you been through our program before? Y or N
2. How many years have you been attending? \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Home Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Fees:**

**Fees are \$3.00 per attendee.** Make checks payable to: **"Friends of Sutter's Fort"**

**Send Completed Applications and deposit/payment to:**

Sutter's Fort River Trip  
2701 L Street  
Sacramento, CA 95816

**A \$25.00 deposit must accompany your application.** Full payment must be received by Tuesday Sept. 14, 2010. Only full payment confirms your reservation.

**Deadline:**

**Full Payment must be received by Tuesday Sept. 14, 2010**

**Contact Us:**

If you have questions or need more information, please call 916-375-5966, leave a message with your phone number and the best time to return your call. Or e-mail us at [suttersfortrivertrip@parks.ca.gov](mailto:suttersfortrivertrip@parks.ca.gov).

