

Champoeg Promise

Registration Form

School: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

Grade Level: __ 1st & 2nd __ 3rd & 4th __ 5th & 6th __ 7th & 8th

Preferred Start Time: _____ Approximate number of students: _____

Preferred Dates: 1.) _____ 2.) _____ 3.) _____

The cost is \$4.00/student in March & April, and \$5.50/student in May & June. Adults are free. One half of the total cost is due with the registration form, and the balance is due upon arrival.

Amount included with registration form: \$ _____

Please make checks payable to: **Friends of Historic Champoeg**

Mailing address: Champoeg Promise
8239 Champoeg Rd. NE
St. Paul, OR 97137

Upon receiving your registration form we will send you a confirmation letter via e-mail with details of how to access our teacher packets on-line.

Contact Information	
Phone	(503) 678-1649
e-mail	info@champoeg.org
Website	http://champoeg.org/promise/

We look forward to hosting your class for another fabulous season of
Champoeg Promise!