

Champoeg Promise

“Suitcase Program” Registration Form

School: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

Grade Level: ___ 5th & 6th Archeology ___ 7th & 8th Government

Date(s): 1.) _____ 2.) _____ 3.) _____
(Suitcase programs are available September through April.)

Start time of first class: _____ End time of last class: _____

How long is each class? _____

Number of classes: _____ Total number of students: _____

The cost is \$30 per class, plus travel costs for the teacher. After your registration form is received, we will send you a confirmation letter and invoice. Payment will be due the day of the presentation.

Send registration form to:

Champoeg Promise
Friends of Historic Champoeg
8239 Champoeg Road NE
St. Paul OR 97137



Contact Information

Phone	503-678-1649
Coordinator	Colleen Sump
E-mail	info@champoeg.org
Website	www.champoeg.org

We look forward to visiting your school!
Friends of Historic Champoeg