

## **Interpretive Program Registration Form**

(Please fill out completely as possible and email or mail to Table Rock)

Program Name: \_\_\_\_\_

Date of program \_\_\_\_\_ Time of program \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Number of Participants: Adults \_\_\_\_\_ Children under age 18 \_\_\_\_\_

Program fee: Per participant \_\_\_\_\_ (or) per adult \_\_\_\_\_ per child \_\_\_\_\_

Total amount owed: \_\_\_\_\_ (*Fee can be paid upon arrival at program meeting location*)

Have you attended a SC state park program before? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about this program?

\_\_\_\_\_ Parkview

\_\_\_\_\_ Brochure

\_\_\_\_\_ SCPRT Website

\_\_\_\_\_ Other Internet Site

\_\_\_\_\_ Newspaper

\_\_\_\_\_ Teacher Workshop

\_\_\_\_\_ Department of Education

\_\_\_\_\_ Recommendation (Coworker/ Friend)

\_\_\_\_\_ Magazine

\_\_\_\_\_ Radio

\_\_\_\_\_ Newsletter

\_\_\_\_\_ Past Park Program Experience

\_\_\_\_\_ Park Promotion – staff/posted flyer

\_\_\_\_\_ Highway Road Sign

\_\_\_\_\_ Welcome Center (other than at park)

\_\_\_\_\_ Television

Do you have any special needs? Yes \_\_\_\_\_ No \_\_\_\_\_

(if yes explain) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_