



Walter B. Jacobs Memorial Nature Park

www.caddo.org
Find us on Facebook

Naturalist Use Only
Confirmed on _____
Instructor _____
Facility Use— Pav / RFP/ Is

**Submitting this form is not confirmation of your program.
You will receive email notice that your request is approved and scheduled.**

I request a naturalist led program on _____ from _____ to _____.
(Date) (Start Time) (End Time)

Which type of program are you requesting? (Check one)

- Program at WBJ Nature Park Program Offsite Birthday party Booth at your Festival or Event

Title of program from our list (visit www.caddo.org to see program choices.): _____

of Classes/Groups _____ Total # of Children _____ Range of Grades & Ages _____ Total # of Adults _____

For group programs taking place at WBJ Nature Park:

Is your group having lunch at the Park? (Circle one) Yes or No

Want to add a 1-hour guided tour of the park exhibits? (If you're bringing more than 2 groups, it is required.) (Circle one) Yes or No

Special Needs, Accommodations or Requests _____

Contact information: Name of Organization or Group: _____

(please print) Main Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Event Address (if different, or offsite only) : _____

Phone # (office) _____ (cell) _____ Fax # _____

Email: _____ **(Confirmation will be sent by email)**

I have read and understood the procedure to schedule.

Signed _____ Date _____

Return via mail or in person to:
Walter B. Jacobs Memorial Nature Park
8012 Blanchard Furrh Road
Shreveport, LA 71104
or FAX 318-929-3718
or Email sgray@caddo.org

Questions?
Call Stacy Gray, Education Coordinator for ques-
tions or more program possibilities @ 318-929-
2806