



870-534-0011

Governor Mike Huckabee
Delta Rivers Nature Center
Program Request / Facility Usage
Reservation Form

DRNC Use Only

Date of Use _____
Time of Use _____
Scheduled by E B A
Confirmed on _____
Instructor _____

Form must be filled out completely and sent in at least 2 WEEKS in advance before we schedule your program or facility use. Scheduling is done in order of receiving this form! Confirmation will be sent to you by e-mail once your program is approved and scheduled.

Group Name _____ Requests a program or use of DRNC

On (Date) _____ from (time) _____ to (time) _____ for:

Please check what you would like to schedule.

___ A guided tour on the Trail (approx. 45 minutes) max 30 people per group

___ A program **at the Nature Center** on (topic) _____

___ To use the Multi-purpose Meeting Room for _____
(School groups may use this area for lunch)

___ A program **at my location** on (topic) _____

Our group includes:

of Adults _____ # of Children _____ Age range of children _____

**Large groups will need to be split into multiple smaller groups for tours and some programs*

Special Needs, Accommodations or Requests _____

Contact information: Name: _____

(please print) Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Fax # _____

Email: _____ (Confirmation will be sent by email)

Important information! Please Read:

We do not charge for programs but **Donations are welcome and appreciated!**

If there is a conflict with the schedule we will contact you to reschedule or make other arrangements.

Regular Business Hours are Tues.-Sat. 8:30am – 4:30, Sunday 1pm-5pm, Monday – CLOSED

By reserving the Multi-purpose Room (MPR) you agree to leave the facility clean and orderly for the next usage. **You will notify all persons in your group that food and drinks are only allowed in the MPR.** Trash will be bagged or in containers ready for disposal and tables left clean. Groups not following these terms will be charged a Janitorial Fee of \$35 and could lead to denial of future use.

I have read and understand the Reservation Procedure:

Signed _____ Date _____

Print Name _____

**Return COMPLETED form to: DRNC, PO Box 8074, Pine Bluff AR 71611 or FAX 870-534-4422
Call Eric Maynard for more program possibilities @ 870-534-0011.**