

Angel Island State Park
RESERVATION FORM



Email completed form to: tours.angelisland@parks.ca.gov Phone: (415) 435-5537

SCHOOL/GROUP NAME

ORGANIZER NAME: <input type="text"/>	ONSITE GROUP LEADER NAME (If Different): <input type="text"/>
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EMAIL ADDRESS <input type="text"/>	MAIN CONTACT PHONE <input type="text"/>
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<input type="text"/>	ALTERNATE PHONE <input type="text"/>
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PROGRAM/TOUR NAME YOU ARE INTERESTED IN:

Not interested in tour, park visit only.

GRADE LEVEL: <input type="text"/>	# ADULTS: <input type="text"/>	# YOUTH: <input type="text"/>
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PROGRAM DATE CHOICES: <i>(Does not guarantee date)</i>	1st Choice <input type="text"/>	2nd Choice <input type="text"/>	3rd Choice <input type="text"/>
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FERRY COMPANY CHOICE: <input type="text"/>	ARRIVAL TIME: <input type="text"/>	DEPARTURE TIME: <input type="text"/>
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ADDITIONAL INFORMATION OR SPECIAL NEEDS FOR GROUP:

SPECIAL REASON OF GROUP/SCHOOL VISIT?

OFFICE USE:

<input type="checkbox"/> Added to Calendar	<input type="checkbox"/> Confirmation Sent
<input type="checkbox"/> Added to SGR Database	<input type="checkbox"/> Other: _____