

LAKE PERRIS STATE RECREATION AREA
17801 LAKE PERRIS DRIVE
PERRIS, CALIFORNIA 92571

Email: Joseph.Esparza@parks.ca.gov

Phone: 951-940-5657 (Museum)

Alternate Phone: 951-940-5600

Fax: 951-657-0077



ON-SITE PROGRAM INFORMATION

With prior arrangements, all on-site programs are **FREE!**

Lake Perris State Recreation Area on-site presentations are typically 30-60 minutes of interactive programming per group.

One on-site visit can include multiple presentations for several groups.

In order to maximize the hands-on activities, we ask that you have staff and chaperones available to provide a ratio of 1 adult to 10 children.

Program Description: The Lake Perris Regional Indian Museum on-site school presentations provide a comprehensive interpretation of California Indian history and culture throughout the desert region. In addition, we offer programs that provide enrichment in Earth, Life, and Physical Sciences.

Please call for reservations and email or fax the attached form at least 3 weeks prior to your requested on-site visit. If you have any questions or special accommodations, please contact the museum at the number listed above.

California State Parks does not discriminate against individuals with disabilities. Prior to the on-site visit, participants with disabilities who need assistance should contact our office at the number listed above.

Important: You are not confirmed for an on-site presentation until you receive an On-Site Presentation Request signed by a park official.

LAKE PERRIS STATE RECREATION AREA
17801 LAKE PERRIS DRIVE
PERRIS, CALIFORNIA 92571

Email: Kimberly.Seltmann@parks.ca.gov

Phone: 951-940-5657 (Museum) / Alternate Phone: 951-940-5600

Fax: 951-657-0077



ON-SITE PRESENTATION REQUEST

This form must be submitted to the park you are requesting for an on-site visit. When endorsed by park staff, it will be returned to you and will serve as your record of the reservation. Please fill it out completely.

Park Unit: **Lake Perris State Recreation Area**

Proposed Date of Visit: _____

Alternate Date: _____

Time of Visit: _____

Alternate Time: _____

Name of Institution or Group: _____

Address: _____

Age Range of Participants: _____

No. of Participants (Maximum 120): _____

Number of Adults (1 adult to 10 children): _____

Person in Charge (contact individual): _____

Email: _____

Phone: _____

*Special Needs Request: _____

Reservations must be made **3 weeks** in advance of the proposed date of your on-site visit to allow preparation and scheduling by park personnel. The approving administrator must sign this form. Groups shall be accompanied by enough institution appointed adult chaperones or parents to maintain harmony, and their staff or parents shall accompany the students during the visit.

SIGNED: _____

Approving Administrator

Park Use Only

We are pleased to confirm your visit for _____

We regret that the time you requested for a group visit is not available.

Park Official: _____ **Date:** _____

Email with confirmation _____

Email for Feedback _____ Email Pass _____ Program Staff: _____