



Nature Vision Registration Form

Contact Name _____ Grade _____

School/Organization _____

Address _____ City _____ County _____ Zip _____

Billing address (if different) _____ City _____ Zip _____

Daytime Phone _____ Email _____

Program	Date Desired	Time Desired	Teacher/ Name	# in Group	Room # / Field site	Cost

Total Cost

Fax this form to
425-868-9849
 or mail to/contact us at
Nature Vision
 5900 232nd Ave NE, Bldg A
 Redmond, WA 98053
 425-836-2697
www.naturevision.org
info@naturevision.org

- Additional Information:**
- Copies of registration form okay.
 - 30 students maximum.
 - Do not send payment now. You will be invoiced by mail.
 - Please sign below.
 - Field trip site closest to you will be chosen unless otherwise specified.

Hold Harmless Agreement
 The undersigned adult agrees to protect, defend, indemnify, and hold harmless Nature Vision, Inc., its officers, employees, and other agents from any and all claims, demands, suits, penalties, losses, damages, judgments, or costs of any kind arising out of or in any way resulting from the activities of said individual in Nature Vision programs except those acts or commissions which are sole negligence of Nature Vision.

Signature: _____ Date _____