

**King County Library System**  
**Series: Summer Reading Program 2012**  
**June/July/August 2012**

***2 program options available!***

**1) Title of Program: Batty over Bats**

**Presented by:** Nature Vision

**Program Description:** Do bats really suck our blood or try to get tangled in our hair? What a nightmare! Come learn the real story of bats and why this creature of the night is really important to our healthy ecosystem. We will not view live bats but you will get to see a real stuffed local bat and play batty games.

**2) Title of Program: Creatures of the Night**

**Presented by:** Nature Vision

**Program Description:** What goes bump in the forests around here? Come and find out! We will explore the nocturnal creatures that roam our forests and fields. Some are predators, some are prey, and all hide in the shadows! Come find out what they seek!

**Performance Space Requirements:** Meeting Room

**Furniture or Equipment Required:** Half circle seating for all, table up front

**Target Audience - Ages**

Preschool or Primary, adults welcome

**Audience/Registration Requirements:** 30 participants maximum

**Programmer Availability:** We have a staff of 3 presenters so can accommodate most requests.

**Cost per program:** \$100 per program

**To book a program contact:** Send in registration form attached OR visit [www.naturevision.org](http://www.naturevision.org) and fax in the registration form OR email [cheilman@naturevision.org](mailto:cheilman@naturevision.org)

**Name:** Clay Heilman

**Address:** Brightwater Center, 22505 State Route 9 Southeast, Woodville, WA 98072

**Phone Number:** 425-836-2697

**Email:** info@naturevision.org

**Web site:** www.naturevision.org

# Nature Vision Registration Form 2012

## Library Programs

This form can be used by librarians to register for programs with Nature Vision.

Main Contact \_\_\_\_\_

Library \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Email \_\_\_\_\_

First Program Request Program Title (from menu attached) _____ Date _____ Time _____ Address _____ _____ Room: _____
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Third Program Request Program Title (from menu attached) _____ Date _____ Time _____ Address _____ _____ Room: _____
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Second Program Request Program Title (from menu attached) _____ Date _____ Time _____ Address _____ _____ Room: _____
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Fourth Program Request Program Title (from menu attached) _____ Date _____ Time _____ Address _____ _____ Room: _____
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Request as many or as few programs as you'd like. Copies of form okay.

Fax form to Nature Vision at 425-460-9126, or scan and email to [info@naturevision.org](mailto:info@naturevision.org)

<b>Hold Harmless Clause</b> The undersigned adult agrees to protect, defend, indemnify and hold harmless Nature Vision, Inc., its officials, employees, and agents from any and all claims, demands, suits, penalties, losses, damages, judgments, or costs of any kind whatsoever 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 _____
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Office Use: \_\_\_PC \_\_\_ACCESS \_\_\_Invoice Sent \_\_\_Total Due: