



# Registration Form

<b>Name of School:</b> _____
<b>School Address:</b> _____
<b>City, State, Zip:</b> _____
<b>Contact Person:</b> _____
<b>School Phone:</b> _____
<b>Cell Phone (Used in case of weather related emergency):</b> _____
<b>E-Mail:</b> _____

**Number of Students Attending:** \_\_\_\_\_ **Grade of Students:** \_\_\_\_\_

**Number of Adults Attending** (including teachers and chaperones): \_\_\_\_\_

**Number of Classes/Groups** (minimum 20 students per group): \_\_\_\_\_

Groups smaller than 20 students may be combined with another school.

**Please indicate your choice of dates to attend River Rendezvous 2019.**

First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_ Third Choice \_\_\_\_\_

Dates not available: \_\_\_\_\_ No Preference \_\_\_\_\_

**Please indicate the time at which your school is able to arrive. Your first station will begin ten minutes after your arrival time.**

8:55 am      9:15 am      9:40 am      10:05 am      10:30 am

**Please indicate the time at which you would like to end your day. This is the time your final station will conclude.**

1:05 pm      1:30 pm      1:55 pm      2:20 pm      2:45 pm

**For scheduling purposes, we would ask that those schools bringing more than one class section please provide us with the teacher's name and room number. Your school will still attend on the same day; but each class/group will have their own schedule.**

**Teacher Name**

**Room Number**

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**Based on your previous River Rendezvous experience, you may list up to three stations you would like to be scheduled for, and three stations you would not like to be scheduled for.**

Stations we would like to see:

Stations we would not like to see:

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**These choices are not guaranteed in any way, but we will do our best to accommodate your group. If you have not attended River Rendezvous in the past please leave this blank.**

**Yes, our school would like to register to attend and participate in Bloomington River Rendezvous 2019 School Days, September 16 - 20. We have read, understand, and accept all registration and cancellation policies.**

\_\_\_\_\_  
Teacher/School Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Please return this form, completed and signed to: River Rendezvous, City of Bloomington Parks and Recreation, 1800 W. Old Shakopee Rd., Bloomington MN, 55431. Email [riverrendezvous@BloomingtonMN.gov](mailto:riverrendezvous@BloomingtonMN.gov). A fill in form is available at [Blm.mn/rendezvous](http://Blm.mn/rendezvous). If you have any questions, or would like more information about River Rendezvous, please contact Mark Morrison at 952-563-8693 or [riverrendezvous@BloomingtonMN.gov](mailto:riverrendezvous@BloomingtonMN.gov)

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