

Anderson Farms



Planting Smiles Field Trip Teacher Check-In Form

(Please turn in this form with payment upon arrival)

School _____

Grade(s) _____ Field Trip Date _____

Contact Teacher (First and Last Name) _____

Contact Number _____

If you are a school that requires a Purchase Order PO #: _____

Number of Students: _____ X \$7 ea. = _____

Additional Parents & Siblings (Ages 2 and Up): _____ X \$7 ea. = _____

Free Staff (Requires School Staff ID): _____ X \$0 ea. = _____

Total Due \$ _____

Liability Disclosures

COLORADO AGRITOURISM LIABILITY ACT Warning. Under Colorado law, there is no liability for the death of or injury to a participant in an agricultural recreation or agritourism activity resulting from the inherent risks of the agricultural recreation or agritourism activity, pursuant to section 13-21-121, Colorado Revised Statutes. _____ (Please initial)

To be completed by Anderson Farms:

Total Guests _____

Total Payment _____

Initials _____

CASH CREDIT CARD SCHOOL CHECK

PO Rec'd: _____

Address: 6728 County Road 3 ¼, Erie, CO 80516 Phone: 303-828-5210 Fax: 303-828-4930

Email: Info@andersonfarms.com Web: www.AndersonFarms.com