



MVHS Humane Education Program Registration

Please fill this form out and return to:
Humane Educator, MVHS, 1313 Highway 13 E., Burnsville, MN 55337

Name of Group: _____

Contact Person: _____

Contact Address: _____

Contact Number: _____ **Email:** _____

Type of Program: (please check one)

Tour of MVHS facility with ambassador animal(s).

Classroom visit with ambassador animal(s).

Location: _____

Total Attending: # of Children _____ # of Adults _____

Program/Age Level Choice (circle one):

Pre-K

Grade K-2

Grades 3-5

Grades 6-8

Grades 9-12

Any Specific Program Requests/Needs:

Preferred Month: _____

Preferred Day of Week*: _____ **Preferred Time*:** _____

*Note: Please see website for days and times that tours/classroom visits are available.

For Office Use Only:

Day: _____ Date: _____ Time: _____

MVHS Representative(s) & Ambassador Animal(s): _____ Amount Due: _____

Confirmation Call: _____ Thank You: _____ RP: _____

Additional Comments: