

# Yes! My business will **Adopt-A-Class**

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: [required] (     ) \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_  
E-mail: [required] \_\_\_\_\_

## PEKING ACROBATS:

I would like to adopt \_\_\_\_\_ classes at \$275 each.

## FOR ALL OTHER FIELD TRIPS:

I would like to adopt \_\_\_\_\_ classes at \$200 each.

- For multiple/additional class adoptions, please copy this form.
- Class size, including chaperones and drivers, limited to 40.

Do you have a specific class or school you want to adopt?

Yes  No

Please indicate a first choice and alternate choice of Field Trips for each class adopted. We will make every effort to fill your first choice, but if that Field Trip is not available, we will fill it with your alternate choice.

School Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Field Trip Choice: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Alternate Field Trip Choice: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

If you are unsure which teacher your student will have next year, we can reserve an adopted space in your name. As soon as you know the teacher's name, let the Box Office know and we will send the teacher the information.

Payment Method:  Check (enclosed) or  Credit Card

Credit Card #: \_\_\_\_\_

Signature: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Please mail completed form, along with your credit card information or check, to:

University Box Office, CSU, Chico  
Chico, CA 95929-0120  
Phone: 530-898-4325



If you have any questions about the  
**2011-2012 Lois C. Adams  
Adopt-A-Class program**

please call 898-4325.

