

GROUP CONTRACT REQUEST FORM

1. Please arrive on time. Plan time for your group to use the restroom facilities, be divided into smaller groups, etc. before the scheduled time for your program. Park staff has set aside time to spend with your group, so please notify the park if you are going to be late arriving for your visit. In addition, we may also have other arranged group programs scheduled after yours. Being more than **30 minutes late** will require your group to forfeit their Ranger-led program without refund (please refer to our payment and refund policy).
2. You have read and understand our Interpretive Programming Group Payment and Refund Policy.
3. All passengers will be discharged and loaded from a parking space.
4. Please check in at the Nature Center desk upon your arrival, unless stated otherwise. The person on duty at the desk will notify the Ranger providing your program. Please be at the designated starting point for your program on time.
5. We require 1 adult for every 15 students/youth. It is the responsibility of the adults with your group to ensure discipline.
6. Picnic areas are available for park visitors. To ensure a picnic site or other facilities contact Reservations Resource Center Monday through Friday during the hours of 8:00am and 5:00pm using the telephone numbers 1-800-864-7275 or in Metro Atlanta at 770-389-7275.
7. Group Contract Request Form must be received two (2) weeks prior to date of program. Program date and time is not finalized until approved by the park management.
8. To request a refund, you must contact the Panola Mountain State Park 72 hours prior to scheduled event.

(Please print or type)

Group Name: _____

Address: _____

Phone #: _____ E-mail Address: _____

Number of Participants in your Group: _____ Ages of Participants: _____

Grade level of Participants (*Applicable to school groups*): _____

Program Title and Description: _____

Arrival Time of Group: _____ Mode and Quantity of Transportation (car, van, bus): _____

Requested Date of Program: _____ Requested Time for your Program to Begin: _____

Cost of Program (*Program fees are subject to change, so please clarify cost of program w/ park staff*): _____

Print and Signature of Group Leader: _____ Date: _____

TURN IN GROUP CONTRACT REQUEST FORMS

Panola Mountain State Park
Interpretive Group Programs
2600 GA Hwy. 155 SW
Stockbridge, GA 30281
Phone: 770-389-7801
Fax: 770-389-7925
Jody.Rice@dnr.state.ga.us

TO BE COMPLETED BY PARK STAFF

Program Approved: _____ Date: _____



GEORGIA
DEPARTMENT OF NATURAL RESOURCES

PANOLA MOUNTAIN STATE PARK