

State of California - Natural Resources Agency
DEPARTMENT OF PARKS AND RECREATION

OUTSIDE AGENCY PARTICIPANT REGISTRATION

— California State Parks, Training Section —

Phone: (831) 649-2954 Email: FOCUS@parks.ca.gov

| | | | |
|---|---|-------------------------------|--------------|
| TRAINING CLASS/PROGRAM TITLE | | DATE(S) | |
| TUITION FEE FOR ANY OFFERING OF STATE PARKS TRAILS PROGRAMS IS \$1,500 | | | |
| SPECIAL ACCOMMODATIONS | | | |
| <input type="checkbox"/> Auditory <input type="checkbox"/> Mobility <input type="checkbox"/> Visual <input type="checkbox"/> Dietary Explain: _____ | | | |
| AGENCY/ ORGANIZATION NAME | | | |
| PARTICIPANT INFORMATION | | | |
| PARTICIPANT NAME | | POSITION TITLE | |
| WORK ADDRESS | | | |
| WORK E-MAIL | | PHONE NUMBER | |
| BILLING INFORMATION | | | |
| ACCOUNTING REPRESENTATIVE NAME | | E-MAIL | PHONE NUMBER |
| BILLING ADDRESS | | | TUITION COST |
| NOTE: For cancellations within 14 days of class there will be a charge of 1/2 tuition. | | | |
| AUTHORIZATION SIGNATURE | PRINTED NAME | TITLE | DATE |
|  | | | |
| Return completed, signed forms to: FOCUS@parks.ca.gov | | | |
| FOR CALIFORNIA STATE PARKS, TRAINING SECTION USE ONLY | | | |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved (<i>Reason Below</i>) | TRAINING SPECIALIST SIGNATURE | DATE |
|  | | | |