



BEE/BEEKEEPING PROGRAM INTEREST FORM



Programs are offered at 1, 1.5, 2+ hour options, depending on your type of program, age group, and details covered. Programs can be done at your facility, but are designed to be hosted at Lyman Woods. We do have a minimum group size of 8 participants or the corresponding fee for larger groups. View a list of additional options at dgparks.org/lyman-woods-nature-center-beekeeping or use the QR code.

Programs after 5PM have a \$25 after-hours fee.

CONTACT INFORMATION

GROUP NAME: _____

GROUP LEADER: _____ DATE OF BIRTH: _____

PHONE: _____ EMAIL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SMALL GROUP BEE/BEEKEEPING PROGRAMS

LENGTH (CHOOSE)	ONSITE FEE	OFFSITE FEE
<input type="checkbox"/> 1 hour	\$10/participant \$80 minimum	\$11/participant; \$88 minimum
<input type="checkbox"/> 1.5 hours	\$12/participant \$96 minimum	\$13/participant; \$104 minimum
<input type="checkbox"/> 2 hours	\$14/participant; \$112 minimum	\$15/participant; \$120 minimum

ONSITE AT LYMAN WOODS OFFSITE (LOCATION NAME/ADDRESS): _____

LIBRARY, PUBLIC OUTREACH OR SPECIAL EVENT PROGRAMS

Fee is a flat rate based on single larger group for public programs/libraries/events. Local Organization fee based on traveling radius of up to 30 minutes from Lyman Woods. Fees for Regional Organizations based on traveling radius greater than 30 minutes, and up to 1 hour away from Lyman Woods. Program length and topics can be customized to your interest and needs.

LENGTH (CHOOSE)	FEE FOR LOCAL ORGANIZATIONS	FEE FOR REGIONAL ORGANIZATIONS
<input type="checkbox"/> 45 minutes to 1 hour	\$100	\$125
<input type="checkbox"/> 1.5 hours	\$125	\$150
<input type="checkbox"/> 2 hours	\$150	\$175

SPECIAL OFFERINGS

BEE SUIT WEARING* HONEY TASTING LIVE BEE VIEWING (OBSERVATION HIVE OR IN OUR BEE YARD/APIARY)

*Bee suit wearing and bee yard visit require a minimum of 1.5 hour long program. Bee suits can fit children as young as 5 years old but are sized slightly bigger.

PROGRAM INFORMATION PLEASE PROVIDE TWO OR MORE OPTIONS

OPTION 1:

DATE _____

TIME _____

OPTION 2:

DATE _____

TIME _____

OPTION 3:

DATE _____

TIME _____

OF CHILDREN: _____ # OF ADULTS: _____ SPECIAL NEEDS REQUIRED: _____

PLEASE SUBMIT FORM BY EMAIL TO LYMANWOODS@DGPARKS.ORG