

SATURDAY, MARCH 9, 2024



SAP TO SYRUP CELEBRATION

10:00AM - 11:00AM

OR

11:30AM - 12:30PM

**AT HOOVER FOREST PRESERVE
11285 W. FOX RD. YORKVILLE, IL**

**HEAD OUT ON OUR TRAILS WITH OUR
KNOWLEDGABLE GUIDES AND ENJOY
OUTDOOR STATIONS INCLUDING
HOW SAP IS COLLECTED & THE HISTORY OF
MAKING MAPLE SYRUP**

**END WITH A DELICIOUS SYRUP TASTING,
HOT BEVERAGES & A MAKE AND TAKE
HOME CRAFT FOR THE KIDS**

**ADVANCED REGISTRATION
& PAYMENT IS REQUIRED
\$6/PERSON**

**TO REGISTER:
EMAIL FORM TO
KCFPDEDUCATION@KENDALLCOUNTYIL.GOV
630-553-2292
2YRS OLD & UNDER IS FREE**





Kendall County Forest Preserve District
 110 West Madison St., Yorkville, IL 60560
 (630) 553-2292
 e-mail: kcfpdeducation@kendallcountyil.gov

Registration Form: Sap to Syrup Celebration

Saturday, March 9, 2024 @ Hoover Forest Preserve

Ages 3 and up: \$6/person *(must pay in advance)*
 Children 2 and under are free

10:00-11:00am or 11:30am-12:30pm *(please circle one)*

Cancellation Policy: Refunds will not be extended for cancellations received within 14-days prior to the event.

This is a RAIN OR SHINE event. KCFPD reserves the right to cancel due to severe weather conditions (lightning, torrential rains, high winds, etc.). Participants will be notified one day prior if event is cancelled, with registration fees refunded.

Participant Information (Registration deadline - March 1st)

Contact (Adult) Name:

Contact Address:

Contact Phone:

Contact Email:

Total # of people participating?

List all family members below:

Name:

Circle: Adult or Child?

Child: Date of Birth:

Name:

Circle: Adult or Child?

Child: Date of Birth:

Name:

Circle: Adult or Child?

Child: Date of Birth:

Name:

Circle: Adult or Child?

Child: Date of Birth:

Name:

Circle: Adult or Child?

Child: Date of Birth:

Credit Card Payment Form (Visa, MasterCard, Discover) *(2.5% Processing Fee is Applied)*

Paying by check or cash : Drop off registration forms and payment to our office or mail in – 110 W. Madison St. Yorkville, IL 60560
(You are not registered until completed registration form and payment are received)

Name on card:

Billing address:

City:

State:

Zip:

Card number:

Security Code (on back):

Expiration Date:

I authorize Kendall County Forest Preserve District to charge my credit card the amount indicated on the dates as noted.
Signature:

Office Use: Date Received: _____ Date Registered: _____ Initials: _____ Confirmation Email Sent: _____