



Group Program Request Form

School /Group Name: _____

Address: _____ City: _____ Zip: _____

Contact Name: _____ Phone: _____

Fax: _____ Email: _____

Date Requested: (Minimum of 3 weeks advance scheduling required)

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Group Details: (A 1:10 chaperone to student ratio is required for all programs)

of Teachers: _____ # of Adults: _____ # of Students: _____ Grade Level: _____

Program Options and Rates: Prices are based on a minimum of 15 paying participants or \$75.00 minimum program fee.

Coastal Center Experience (CCE)

Price: \$5.00 per participant (student or adult). Up to 4 teachers (1 per 10 students) admitted free (limit 45 students)

⇒ **2 hour program.** Includes a private stingray presentation, where the students have the opportunity to pet the stingrays, exploration time in the Coastal Center and at the touch tanks, a guided nature walk around the 1/3 mile I-Spy loop, an overview of the Gamefish Lagoon and an animal of the month talk. (Grades K-8)

⇒ **75 minute Pre-K program.** Includes a private stingray presentation, where the students have the opportunity to pet the stingrays, exploration time in the Coastal Center and at the touch tanks along with an interactive story time.

Coastal Classrooms: Please call for information on available programs or to request a specific topic.

Seining Adventure

Price: \$10.00 per participant (student or adult) Three teachers admitted Free (Limit 30 students)

⇒ **3 hour program.** Includes 60 minute seining exploration on the Indian River Lagoon in addition to the CCE. (Grades 2-8)

Program Choice: _____

Arrival Time: _____ (after 9:15am) Please plan to arrive 10-15 minutes early to sign in and pay remaining balance.

Would you like to visit the Gift Shop? Yes or No

Please note any concerns, circumstances or requests you may have to assure a quality program experience.

Please read the Program Policies and Registration Information attached or found at www.fos-cc.org.

I have read and understand the registration information regarding deposits, payments, cancellations, late arrivals, chaperones, and weather.

Print Name _____ Signature _____ Date _____

Please circle confirmation preference: Fax Email Mail

A phone call or email will be sent within a week of receiving your request; a confirmation letter containing information about your programs will be sent once your \$75.00 non-refundable deposit has been received.

<i>Florida Oceanographic Internal Use Only:</i>		
Received: _____	On calendar: _____	Prep: _____
Follow up: _____	by: _____	Date: _____
Deposit Received: _____	Method: _____	Initials: _____
Confirmation sent: _____	Via: _____	Initials: _____
Admission form: _____	Volunteer Request: _____	

Please return completed form to:

Florida Oceanographic Coastal Center- Education Dept.
890 NE Ocean Blvd. Stuart, FL 34996
Fax: 772-225-4725
For Questions: Contact Michelle Byriel
772-225-0505 ext. 116 or mbyriel@fos-cc.org