



1600 Ken Thompson Pkwy.
 Sarasota, FL 34236
 Phone: 941-388-4441, ext. 369
 Fax: 941-388-4381
 Website: www.mote.org

OUTREACH PROGRAM REQUEST FORM

All reservations must be made on this form only and faxed or mailed to the address listed above. Program times and dates will be assigned as available. Please do not assume your field trip is booked until you receive written confirmation by e-mail, fax, or "snail mail." Please make a copy of this form for your own records. Thank you!

SCHOOL/GROUP NAME: _____

CONTACT PERSON: _____

TEACHER/GROUP LEADER (IF DIFFERENT): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE NUMBER: () _____ BEST TIME TO CALL: _____

ALTERNATE PHONE NUMBER: () _____ BEST TIME TO CALL: _____

FAX NUMBER: () _____

EMAIL ADDRESS: _____

AGE RANGE: _____ # OF STUDENTS: _____

ANY SPECIAL NEEDS, ETC.? _____

PLEASE CHECK THE PROGRAM(S) YOU WOULD LIKE:

Preschool	<input type="checkbox"/> Shark Teeth Number of programs requested: _____	50 minutes	\$175/program, plus mileage* \$40/additional same-day program
K – 2 nd	<input type="checkbox"/> Our Dolphin Neighbors Number of programs requested: _____	50 minutes	\$175/program, plus mileage* \$40/additional same-day program
3 rd – 4 th	<input type="checkbox"/> Mighty Manatees Number of programs requested: _____	50 minutes	\$175/program, plus mileage* \$40/additional same-day program
5 th +	<input type="checkbox"/> Spineless Sea (squid dissection) Number of programs requested: _____	60 minutes	\$175/program, plus mileage* \$40/additional same-day program

*\$.35/mile

DATE REQUESTED:

1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____ 4TH CHOICE _____

TIME(S) REQUESTED:

1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____ 4TH CHOICE _____

- Please allow for half-hour set-up, half-hour breakdown.
- If you have any questions after receiving your schedule from Mote, please e-mail educate@mote.org. Please put your school/group name and assigned date of program in the subject heading of the e-mail.
- For other Mote programs, please e-mail educate@mote.org.

AFTER YOU'VE FILLED OUT THIS FORM, MAIL OR FAX IT TO THE ABOVE ADDRESS AND WE WILL SCHEDULE YOUR PROGRAM! WE LOOK FORWARD TO SEEING YOU!

Mote Education Internal Use Only

Date received _____ Initials _____ Date assigned _____ Confirmation sent/recorded _____ Initials _____

Calendar _____ Aquarium: _____ Other: _____