

# Naturalist in the Classroom Reservation Form

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Grade/Age of Students: \_\_\_\_\_ # of Students (max 30): \_\_\_\_\_

Does your school have an Education Foundation? \_\_\_\_\_

If so, who is the contact? Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **Naturalist in the Classroom Program Information**

Preferred dates for Classroom Visit: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Number of programs and program times: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have outdoor space available for programming? If so, please describe:

The number of classes your students participate in during your chosen program will depend on the length of time allowed for class participation and the number of participating students. Below, please list your top five class choices.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Special instructions or requests:

Upon completion and return of this form, a Discovery Center staff member will contact you and discuss an appropriate program itinerary.

### **Please fax or mail this completed form to:**

North Lakeland Discovery Center

c/o Licia Johnson

PO Box 237 Manitowish Waters, WI 54545

Tel: 715.543.2085 Fax: 715.543.8982