



Group: _____ Group Leader's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Email: _____

Age Range of Participants: _____ # of Participants (min - 10; max - 20): _____ X \$35/participant = _____ (Total Due)

Program of Choice: Marine Science & Snorkeling Day Camp

Preferred Month: June July August September

Preferred Day of the Week: M T W Th F Sa Su

Preferred Time: 10AM - 3PM 11AM - 4PM 12PM - 5PM

San Diego Oceans Foundation
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p: (619) 523-1903 f: (619) 523-1979 e: info@sdoceans.org



Office Use Only

Trip Date: _____ Deposit: \$ _____ Date: _____ Total Remaining: \$ _____ Paid-in-Full Date: _____