



Teacher's Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Grade Level: \_\_\_\_\_ # of Students: \_\_\_\_\_ Have Funding to Supplement Costs:  Yes  No  Unsure

**Program of Choice:**

- Marine Ecosystems       Sharks & their Scaly Brethren       Marine Mammals, Sea Turtles & Ocean Birds

**Preferred Month:**

- Jan    Feb    Mar    Apr    May    Jun    Jul    Aug    Sept    Oct    Nov    Dec

Preferred Day of the Week:       M       T       W       Th       F

Preferred Starting Time (best at start of school or right after break/lunch): \_\_\_\_\_ AM / PM

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

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