

Discover MarineLab – Group Sign-Up Form

GROUP INFORMATION

Name of group/school: _____

Leader name: _____

Leader email: _____

Leader daytime phone number: _____

City & State _____

Approx # of students _____

Chaperones _____

Grade level of students ___6 ___7 ___8 ___9 ___10 ___11 ___12 ___College
(check as many as apply)

PROGRAM

General Time Period for your program:

___ Fall (September – December 2011) ___ Winter (January – February 2012)

___ March ___ April ___ May ___ June ___ July - August

___ Weekday ___ Weekend

Type of program desired (check as many as apply)

___ 3 day, 2 night ___ 4 day, 3 night ___ 5 day, 4 night

___ snorkel ___ SCUBA

Anything else we need to know about your students?

PLEASE NOTE: It is likely that your students will be housed with students from another school. Please make sure they know that in advance!

Return to Ginette Hughes at coordinator@marinelab.org or via fax to 305-451-3909.