| OCEAN INSTITUTE registration form | | | | |
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| contact Information | | | | |
| Name of Primary Contact/Teacher: | | Primary Contact/Teacher Cell Phone: | | |
| Primary Contact /Teacher Email: | | Alternate Emergency Contact Name & Cell Phone: | | |
| Name of School or Group: | | | | |
| School/Group Address, City, State & Zip Code: | | | | |
| School/Group Phone Number: | | | School/Group Email: | |
| School/Group Fax Number: | | | Name of School Principal/Director: | |
| GROUP INFORMATION | | | | |
| Grades and/or Age Groups: | Group Size: | | | Number of Chaperones: |
| Programs requested | | | | |
| Ocean Institute Adventure Package (Coastal Creatures, Shell Hunting and possible Lighthouse & Battery visit)  Customized Package (please write in one or two selections from our offerings) | | | | |
| Dates Requested | | | | |
| Please select at least three dates (not all in the same week and not all Fridays): | | | | |
| #1 | #2 | | | #3 |
| #4 | #5 | | | #6 |
| schedule | | | | |
| Arrival time 10:00 am unless otherwise specified here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Departure time 1:30 pm unless otherwise specified here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Special Requests (please describe) | | | | |
| PAYMENT | | | | |
| **Full payment or purchase order must be attached to process your request. Fee is for students only.**  **$12 per person, $250 minimum** | | | | |
| Purchase Order (Full Amount) | Check (Full Amount) | | | Purchase Order or Check Number |
| **Please mail the registration form to:**  Beth Tarantino  Brookdale Community College  Outreach Business and Community Development  765 Newman Springs Rd.  Lincroft, NJ 07738 | | | | |