| 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 TarantinoBrookdale Community CollegeOutreach Business and Community Development765 Newman Springs Rd.Lincroft, NJ 07738 |