

# Cold Spring Harbor Fish Hatchery & Aquarium Group Visit Request Form

## CONTACT INFORMATION:

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
School/Organization Name

\_\_\_\_\_  
Grade                      Age                      # Classes

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                                      State      Zip Code

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Approx. Number of Children                      Adults

## SCHEDULING:

Date requests are limited by availability.

Please list three choices in order of preference (specific date/day of week/week of).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Earliest possible arrival time: \_\_\_\_\_

Latest possible departure time: \_\_\_\_\_

## PROGRAM INFORMATION:

Please list which program(s) you are interested in. A list of programs and descriptions can be found on our website: <http://cshfishhatchery.org/school-and-groups/>.

\_\_\_\_\_  
\_\_\_\_\_

## SPECIAL NEEDS:

Do any of your students have a physical or intellectual impairment that we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SUBMIT FORM TO:

E-mail: [krissyf@cshfishhatchery.org](mailto:krissyf@cshfishhatchery.org)

Fax: (516) 692-6769

The education department will contact you to schedule your program.

