Cold Spring Harbor Fish Hatchery & Aquarium
Birthday Party Request Form

CONTACT INFORMATION:

_____
Birthday Child's Name Age

_____
Parents' Names

_____
Address

_____
City State Zip Code

_____
Phone

_____
E-mail Address

_____
Expected Participants*: #Children #Adults

**COVID Modifications:* *The add-on food option is not available at this time. Our parties are currently following NY and CDC guidelines for schools. Masks are not required at this time. This policy is subject to change based on local regulations.*

SCHEDULING:
Date requests are limited by availability. Parties can be scheduled between 10am and 5pm.

Please list at least three date choices in order of preference.

1. _____

2. _____

3. _____

Earliest possible start time: _____

Latest possible end time: _____

Theme:
- ☐ Live Animal Encounter
- ☐ Fishing
- ☐ Combination

ADDITIONAL COMMENTS:

_____

_____

_____

SUBMIT FORM TO:
E-mail: krissyf@cshfishhatchery.org
The education department will contact you through email to schedule your party.

COLD SPRING HARBOR FISH HATCHERY & AQUARIUM
Founded 1883