

# Cold Spring Harbor Fish Hatchery & Aquarium Outreach Program Request Form

## CONTACT INFORMATION:

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

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

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Participants: # Children # Adults

## SCHEDULING:

Date requests are limited by availability.

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

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

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

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

Earliest possible start time: \_\_\_\_\_

Latest possible end time: \_\_\_\_\_

## PROGRAM INFORMATION:

Please check which topic you want us to focus on.

- Animal Encounter:  Fins & Jaws  
 Adaptations  
 Life Cycles in Nature  
 Aquatic Habitats  
 Herpetology  
 General
- Egg Stripping/Trout in the Classroom

*\*This request form is for OUTREACH programs taking place at your location. Additional request forms for visits to CSHFHA or virtual programs can be found at [cshfishhatchery.org](http://cshfishhatchery.org).*

## 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

We will contact you to schedule your program.

