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

_____
Email Address

_____
Children # Staff (Teachers/Aides) # Chaperones

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.

Hatchery & Aquarium Tours

☐ Fins & Jaws ☐ General
☐ Aquatic Habitats ☐ Aquaculture
☐ Life Cycles ☐ Hatching Trout
☐ Adaptations ☐ Reptiles & Amphibians

Seasonal Programs

☐ Pond Life ☐ Freshwater Ecology
☐ Egg Stripping/Trout in the Classroom

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
Fax: (516) 692-6769
The education department will contact you to schedule your program.

COLD SPRING HARBOR FISH HATCHERY & AQUARIUM
Founded 1883