



# Educational Program Request Form

Organization/School Name: Click or tap here to enter text.

Contact Name: Click or tap here to enter text.

Email: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

Grade or Age(s): Click or tap here to enter text. # Being Served:

Please list the activities or topics you would like presented:

Click or tap here to enter text.

Have you participated in a Marion SWCD Educational Program in the past? If, yes, please list the program.

Click or tap here to enter text.

Please select which experience you are interested in:

Field Trip (Salmon Watch-September only)

In-class program (Schedule these April-June)

**In-Class Experience:**

	Date	Times
1 <sup>st</sup> Choice	Click or tap here to enter text.	Click or tap here to enter text.
2 <sup>nd</sup> Choice	Click or tap here to enter text.	Click or tap here to enter text.
3 <sup>rd</sup> Choice	Click or tap here to enter text.	Click or tap here to enter text.

**Field Trip-Salmon Watch:** Arrive at [Packsaddle Park](#) at 9:30am depart at 1:15pm

Bus

Parent Drivers

	Date	Times
1 <sup>st</sup> Choice	Click or tap here to enter text.	Click or tap here to enter text.
2 <sup>nd</sup> Choice	Click or tap here to enter text.	Click or tap here to enter text.
3 <sup>rd</sup> Choice	Click or tap here to enter text.	Click or tap here to enter text.

Additional Comments: (allergy concerns, mobility concerns, group size, any other comments or concerns can be listed here.)

Click or tap here to enter text.