



Educational Program Request Form

Organization/School Name:

Contact Name:

Email:

Phone Number:

Grade or Age(s):

Being Served:

Please list the activities or topics you would like presented:

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

Please select which experience you are interested in:

Field Trip (Marion County locations only) Location:

In-class program (April-June & Nov-Jan)

Scheduling Preferences:

	Date	Times
1 st Choice		
2 nd Choice		
3 rd Choice		

Additional Information or Concerns: