



Classroom Program Request Form

Do not fill out
Program Date: _____

Ranger: _____

This form can be used to request a ranger led classroom program. Please familiarize yourself with our programs through our official web-site to ensure you are registering for a program which meets your needs. Forms received first in our office will be given their first choice of dates. Forms must be received at least 2 weeks prior to program date. You will receive a confirmation for your program as soon as possible.

Mail the completed copy to: **Biscayne National Park** or fax: **Attn: Education Office**
Education Office **(305) 230-1190**
9700 SW 328 Street
Homestead, FL 33033

Teacher Information Lead Teachers Name _____ E-mail _____
(Optional) Second Teacher's Name _____ E-mail _____

A valid email address is required to register for Biscayne Education Programs.

School Information School Name _____
School Phone _____ School Fax _____
Best way to reach teacher _____ Secondary Phone _____
School Address _____
City _____ Zip Code _____ County _____

Students Total # of Students per program _____ Grade(s) of Students _____
Min. 15 Children with Special Needs _____

Please circle the classroom program you are requesting. Programs are 1 hour in length.

“Coral Reef Connection” “Marine Debris Recycle Relay”
“Ranger Careers” “Sea Turtle Journey” “Estuary Connection”

Select Date From Available Program Dates First Choice ____ / ____ / ____ Second Choice ____ / ____ / ____

*See program details on official park web-site to ensure accurate request.
www.nps.gov/bisc*

If you would like several of a specific program on the same day please write the times below. Maximum 3 programs in one day.

Program time(s) _____
Exact Location _____
Parking Instructions _____

Do not fill out
Program Scheduled & Confirmed: Date: _____ Initial: _____
Program Reconfirmed: Date: _____ Initial: _____
Final pre-program contact: Date: _____ Initial: _____