



Biscayne Expedition Registration Form

Do not fill out
Camp Date: _____
Ranger: _____

All *Biscayne Expedition* (overnight program) reservations must be made using copies of this form. Forms received first in our office will be given their first choice of dates. No telephone reservations will be accepted. A confirmation letter for your trip will be sent to you as soon as possible.

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

Teacher Information Lead Teachers Name _____ E-mail _____
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 _____

Chaperones School Address _____
Min. 1 adult for every 5 students is required. Max. 4 adults for 15 students, 6 for 20 and 8 for 25. City _____ Zip Code _____ County _____
Total # of Students _____ Grade of Students _____ Total # of Adults _____
Children with Special Needs _____

Select Date From Available Program Dates (Dec.-March) First Choice _____ Second Choice _____
Please note Expedition Programs run from Mon. to Weds. or Weds. to Fri.
Will you accept any available date? _____

Do you want to be put on the waiting list if all dates are filled? _____

Workshop Registration Is the teacher workshop qualified? Yes No
Workshop is held in Nov. or Dec. Check *Professional Development* Page of park web-site for details. Date of last workshop attended _____
Is assistant (optional) workshop qualified? Yes No
If no, would assistant like to attend workshop? Yes No

Do not fill out
Confirmation Letter Sent on: _____ Initial: _____ Date Evaluation Sent: _____ Initial: _____
Parent Night Date: _____ Ranger: _____ Evaluation Received: _____ yes/no