

DAUPHIN ISLAND SEA LAB FACILITY REQUEST

GROUP: _____ ADDRESS: _____

GROUP LEADER: _____ EMAIL ADDRESS: _____

COUNTY: _____

PHONE NUMBER: () _____ FAX: () _____

NUMBER IN GROUP: _____ GRADE LEVEL: _____
Students/Adults

DATE OF ARRIVAL: _____ TIME: _____

DATE OF DEPARTURE: _____ TIME: _____

ACCOMMODATIONS REQUESTED: DISL RESERVES THE RIGHT TO CHANGE HOUSING REQUEST: NO PETS ALLOWED. Please list special needs due to medical conditions and/or disabilities requiring accommodations.

DORMITORY () HOUSE () (LINENS ARE NOT PROVIDED)

CAFETERIA: YES () NO () (PLEASE LIST FOOD ALLERGIES)

PROGRAMS REQUESTED:

- () BEACH WALK (5TH – 12TH) () BOAT TRIP (7TH – 12TH)
() MARSH TRIP (5TH – 12TH) () PLANKTON LAB (5TH-12TH)
() TOUCH/SQUID LAB (5TH – 12TH) () HISTORY OF DAUPHIN ISLAND (5TH-12TH)
() COASTAL OCEANOGRAPHY (5TH – 12TH)
() WHAT'S IN THE WATER (5TH – 12TH)
() ESTUARIUM SELF-GUIDED TOUR (CURRICULUM AVAILABLE ONLINE, K-12)

USE OF FACILITIES OUTSIDE OF DISCOVERY HALL PROGRAMS

() CLASSROOM SPACE _____

() FIELD EQUIPMENT: _____

() SPECIAL NEEDS: _____