SCHEDULING APPLICATION

Clearwater's Tideline Program

For specific information about Clearwater's Tideline Discovery Program and fees, please refer to the attached description, "Clearwater's Tideline Discovery Program".

Organization/Gr	oup	
Organization Add	dress	
		Zip
Contact Person		Title
Contact Person A	ddress	
Tolombouro Neverle	ossas (T	(Tura)
Telephone Numb	ers: (L	(Eve)(Please include area code on all numbers)
Email Address (se	chool)	
School Fax		
	1 of th	Do not send any money with this application. and billing will follow confirmation of all program dates. The following questions so that we may serve you better in our educational
		red with you or your organization before? rear / two to five years / longer than five years
2. What is the gra	ade lev	rel/age of your participants?
3. Briefly describes support:	e the	curriculum or project (if any) you would like your Discovery Program to
•		will be involved in the program?
5. How many fiel	d trips	are desired?(typically 25-50 students per field trip)
6. What are the r class)?	names (of all the participating teachers (if you are the contact for more than one

7. Please enter your elective station here (all field trips include Seine Net Fish Retrieval, Macroinvertebrates, Fish, and Beach stations ~ please select 1 DIFFERENT elective from elective learning station list):

Elective:					
8. Does y	our group have any spo	ecial needs that s	hould be addr	essed?	
done in i	there any special teach the past that you'd like, d in the past that you'd	, but don't see o	n our elective	list/ use of a tea	aching device we may
The Tide	line Program must be s	cheduled in acco	ordance with I	Iudson River tide	es. Please consult vour
	llendar and give several Preferred dates/o	possible dates for	or all-day field		
** For y	our group to be giv	en priority in soon as pos	•		r application in as

Please return completed application to:

Tideline Program Hudson River Sloop Clearwater 724 Wolcott Ave. Beacon, NY 12508