Science Program Registration

Please fill out form, save it, and email to cabr_education@nps.gov

School Group Name *

Grade Level *

Group Leader Name *

Group Leader Phone Number*

Group Leader E-mail Address *

This is where your confirmation will be sent.

Number of Students *

Number of Adults*

A ratio of 1 adult per 5 children is REQUIRED

Mode of Transportation*

If participating in tidepool program, buses must be available to transport students from tidepools

Program *

Science Sampler

Date of Visit (Preference #1) *

Check appropriate calendar for Available Dates. Science Sampler Participants only schedule tidepool visit here.

MM DD YYYY

Date of Visit (Preference #2) *

MM DD YYYY

Date of Visit (Preference #3)

MM DD YYYY

Time of Arrival *

HOUR MINUTE AM

Time of Departure *

HOUR MINUTE AM

Are you a title-1 school with free or reduced lunch? *

If yes, you may be eligible to apply for a bus stipend.

- [ ] Yes
- [ ] No

Additional Comments