



# GROUP PROGRAM REQUEST FORM

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 Jekyll Island, GA 31527  
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 Website: [georgiaseaturtlecenter.org](http://georgiaseaturtlecenter.org)

*All reservations must be made on this form **only** and faxed or emailed to the address listed above. Program times and dates will be assigned as available within the parameters of your requests. Please do not assume your program is booked until you receive a written confirmation by email within one week of submitting your request. All reservation requests must be received one month prior to requested date. Please make a copy of this form for your records.*

GROUP NAME/ ORGANIZATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ GROUP LEADER: \_\_\_\_\_

PHONE NUMBER:(\_\_\_\_\_) \_\_\_\_\_ FAX NUMBER:(\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ AGE RANGE OF GROUP \_\_\_\_\_

# OF CHILDREN (12 & UNDER) \_\_\_\_\_ # OF ADULTS(13 & UP) \_\_\_\_\_ # OF SENIORS (65 & UP) \_\_\_\_\_

SALES TAX EXEMPT (circle one): **YES\*** or **NO** *\*If YES, you must use an official check with the name of the school or organizations and we also require a copy of your tax exempt form .*

**PLEASE SELECT THE CATEGORY OF PROGRAM YOU WOULD LIKE:**

| <i>Select with an X</i> | <b>CATEGORY</b>      | <b>DESCRIPTION / PROGRAM LENGTH</b>   | <b>COST</b>  |
|-------------------------|----------------------|---|--|
|                         | INDEPENDENT TOUR     | Tour GSTC at your own pace:<br>approx 30min to 1 hour   | \$3 per Child (12 and under)<br>\$4 per Senior (65 & over)<br>\$5 per Adult (13 and up)  |
|                         | PRESENTATION PROGRAM | Trained educator facilitates tour of GSTC and a patient update program:<br>approx 1 hour 30 minutes | \$8 per Child (12 and under)<br>\$9 per Senior (65 & over)<br>\$10 per Adult (13 and up) |

**Select 3 Dates and Program Times (9 am, 11 am, 1pm or 3pm)**

| Choice | DATE & TIME |
|--------|-------------|
| 1st    |             |
| 2nd    |             |
| 3rd    |             |

**GSTC Internal Use Only:**

Date received: \_\_\_\_\_ Initials: \_\_\_\_\_ Confirmation Letter Received: \_\_\_\_\_ Initials: \_\_\_\_\_

Confirmation Sent: \_\_\_\_\_ Initials: \_\_\_\_\_ Tax Exempt Form Received: \_\_\_\_\_ Initials: \_\_\_\_\_

Payment Method: Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ To Be Billed \_\_\_\_\_