



MY SEA TURTLE JOURNEY -TO GO REQUEST FORM

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Jekyll Island, GA 31527
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Website: georgiaseaturtlecenter.org

All 'My Sea Turtle Journey To Go' requests must be made on this form only and faxed or emailed to the address listed above. All requests must be made a minimum of seven days in advance to allow for shipping. You will be notified when we ship the My Sea Turtle Journey To Go materials to you. Please make a copy of this form for your records.

SCHOOL/GROUP NAME: _____

CONTACT PERSON: _____ LEAD TEACHER: _____

PHONE NUMBER:(_____) _____ FAX NUMBER:(_____) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

EMAIL ADDRESS: _____ GRADE: _____

OF STUDENTS _____ # OF TEACHERS _____

HOW DID YOU HEAR ABOUT US?: _____

TAX EXEMPT (circle one): **YES** or **NO** **If YES, you must submit an official check with the name of the school or organizations*

PLEASE SELECT ITEMS & QUANTITY :

NUMBER REQUESTED	ITEM	TAX EXEMPT PRICE	PRICE WITH TAX
	JOURNEY BOOKMARKS (1 per participant needed)	BOOKMARK = \$1.00	BOOKMARK = \$1.06
	TEACHER'S KIT (1 per classroom needed)	1 TEACHER'S KIT = \$10.00	1 TEACHER'S KIT = \$10.70

SELECTED ITEMS	QUANTITY	TOTAL PRICE
BOOKMARKS	_____ X _____ (QUANTITY) (PRICE)	\$
TEACHER'S KITS	_____ X _____ (QUANTITY) (PRICE)	+ \$
SHIPPING	\$9.85 PRIORITY MAIL (2-3 DAY)	+ \$ 9.85
THANKS FOR SWIMMING INTO LEARNING!	TOTAL AMOUNT ENCLOSED	=

GSTC Internal Use Only:

Date received: _____ Initials: _____ Date Shipped: _____ Initials: _____

Confirmation Sent: _____ Initials: _____ Tax Exempt Form Received: _____ Initials: _____

Payment Method: Check _____ Cash _____ Credit Card _____ To Be Billed _____