



GROUP RESERVATION REQUEST FORM

214 Stable Road
Jekyll Island, GA 31527
Fax: 912-717-6961
Email: gstcreervations@jekyllisland.com
Website: georgiaseaturtlecenter.org

Program requests must be submitted using this form and must be received 2 weeks in advance. Please fax or e-mail to the address listed above. No phone calls, please. Program times and dates will be assigned on a first-come, first served basis. You will receive e-mail notification and additional information within 72 hours of submission. Thank you so much for your sea-port!

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) _____

HOW DID YOU HEAR ABOUT US?: _____

GEORGIA SALES TAX EXEMPT (circle one): **YES*** or **NO** *If YES, you must use an official check with the name of the school/organization and submit a copy of your tax exempt form.

<i>Select with an X</i>	GROUP OPTIONS	DESCRIPTION / PROGRAM LENGTH	COST <i>(tax is included in this price)</i>
	GROUP DISCOUNT	Tour GSTC at your own pace: approx 30min to 1 hour	\$3 per Child (12 and under) \$4 per Senior (65 & over) \$5 per Adult (13 and up)
	PRESENTATION PROGRAM	Trained educator facilitates tour of GSTC and a patient update program: approx 1 hour 30 minutes	\$8 per Child (12 and under) \$9 per Senior (65 & over) \$10 per Adult (13 and up)
	BEHIND-THE-SCENES TOUR (Limited to 10 participants)	Trained educator tour of 'Staff Only' areas of the GSTC. approx 1 hour @ 3pm only	\$15 per Child (10-12 only) \$20 per Adult (13 and up)

REQUEST DATES & PROGRAM TIMES (9am, 11am, 1pm or 3pm)

Choice	DATE & TIME
1st	
2nd	
3rd	

GSTC Internal Use Only:

Date received: _____ Initials: _____ GSTC Staff : _____ GSTC Staff : _____

Confirmation Sent: _____ Initials: _____ GSTC Vol : _____ GSTC Vol : _____

Tax Exempt Form: _____ Initials: _____

C/Refund Policy: _____ Initials: _____

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