



S.T.E.P. PROGRAM 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.

SCHOOL NAME : _____

CONTACT PERSON: _____ GRADE: _____

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

ADDRESS: _____

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

EMAIL ADDRESS: _____ JOIN OUR MAILING LIST? Y N

OF STUDENTS _____ # OF TEACHERS _____

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.*

X	<i>CHOOSE YOUR S.T.E.P</i>	<i>DESCRIPTION</i>	<i>PROGRAM LENGTH</i>	<i>PRICE</i>
	OPTION 1	2 visits to your class 1 field trip to the GSTC	Visits = 60 minutes Field Trip = 90 minutes	\$12 per student Free for Teachers
	OPTION 2	3 visits to your class	Visits = 60 minutes	\$10 per student Free for Teachers

<i>REQUEST PROGRAM DATES & TIMES</i>				<i>ADD-ON OPTIONS</i>		
<i>*Please choose three dates & times for each program in the event that date is unavailable.</i>						
PROGRAM	CHOICE 1	CHOICE 2	CHOICE 3	X	ITEM	PRICE
1st PROGRAM					GSTC Coloring & Activity Book	\$4.95
2nd PROGRAM					Sea Turtles– An Ecological Guide	\$22.95
3rd PROGRAM					Teacher's Activity Manual	\$15.95

GSTC Internal Use Only:

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

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

Program Agreement : _____ Initials: _____ Gift Shop Time : YES NO Groups: 1 2 4

C/Refund Policy: _____ Initials: _____ Vehicle 1 Reserved: _____ Vehicle 2 Reserved: _____

Tax Exempt Form : _____ Initials: _____ Payment Method: Check _____ Cash _____ Credit Card _____ To Be Billed _____