



MARINE SCIENCE EDUCATIONAL BOAT TRIP REQUEST FORM

\$55 IN COUNTY ORGANIZATION
(Up to 26 people)

\$75 OUT OF COUNTY ORGANIZATION
(Up to 26 people)

ORGANIZATION NAME: _____

ORGANIZATION CONTACT PERSON: _____

MAILING ADDRESS: _____

CONTACT PHONE NUMBER: _____

DETAILED DESCRIPTION OF PROPOSED BOAT TRIP, INCLUDING EDUCATIONAL PURPOSE: _____

NAMES OF TWO (2) LEVEL-TWO NON-RELATED* ADULTS RESPONSIBLE AND ON-SITE AT ALL TIMES (IF APPLICABLE): _____

NUMBER OF PARTICIPANTS EXPECTED TO ATTEND: _____

REQUESTED DATE OF BOAT TRIP: _____

LOCATION FOR BOAT TRIP: _____

* Program coordinators will ensure that they always have two authorized level two enrolled individuals who are non-related present during any interactions with youth. *Source: <http://lorida4h.org/policies/#chap>*

Please fill in form completely and turn in at least one (1) month in advance of trip date to UF/IFAS Extension Office, Genevieve Mendoza, 4-H Agent, PO Box 219, Bronson, FL 32621

Fax: 352-486-5481. Email: mendozag@ufl.edu or bring form by office at 625 N. Hathaway Ave., Bronson

PLEASE NOTE: An invoice will follow after the scheduled boat trip occurs.

Please wait for the invoice before sending payment.

Thank you.

..... *FOR OFFICE USE ONLY*

Received on _____ by _____

Given to director for approval on _____

APPROVED NOT APPROVED _____

SIGNATURE OF DIRECTOR

NOTIFICATION TO ORGANIZATION ON _____

BY PHONE EMAIL