

SeaLab Request Form – Day Camp Programs

School/Group Information:		
School/Group Name:		
Group Leader Name(s):		
Mailing Address:	City	State Zip
School Phone:		
Fax Number:	Email:	
Approximate Group Size: Students _	Adults	Age/Grade Level:
Program Date Information:		
Desire Program for the: 🗆 2019	-2020 School Year	☐ 2020-2021 School Year
Desired session date(s) or time frame Date(s) or time frame are flex)
Restricted days and dates are:		
Program Interest:		
☐ Outreach program at my so	chool or facility	
☐ Outreach program at my so	chool or facility paire	ed with water activity
☐ Lab circuit at SEACAMP San Diego's Fiesta Island Facility (for up to 100 participants)		
☐ Marine science program inc	cluding one or more o	of the following labs/activities:
☐ Fish Adaptations Lab	☐ Kayaking & Sein	ing
□ Invertebrate Lab	☐ Snorkeling & Seining	
☐ Marine Biology Lab	☐ Boogie Boarding & Physical Oceanography	
☐ Tidepool Exploration (Low tide dependent)	☐ Other:	

Please fax, email, or mail this page back to us at SEACAMP San Diego ◆ PO Box 711310 ◆ San Diego, CA 92171 (800) SEACAMP ◆ Fax: (858) 207-6175 ◆ seacamp@seacamp.com ◆ www.seacamp.com