



Self-guided Groups: Information & Request

Group Name: _____
Contact Name: _____ Phone: _____ Extension: _____
Fax: _____ Email: _____

Date of Visit: *(We limit the number of self-guided groups per day)*

Choice 1: _____ Choice 2: _____ Choice 3: _____

Arrival Time: _____ Note: Daily Programs run in the AM and PM.

Group Details: *(We require a 1:10 chaperone to student ratio for all student groups)*

of Children (3-12): _____ # of Adults (13 and up): _____

Confirmation will be sent within a week of request: *(please circle method)* **Email** or **Fax**

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Self-guided Group Policies:

Admission:

- * Self guided groups pay regular Coastal Center admission. No group rates.
 - * Adults (ages 13 and up) - \$10.00 / Children (ages 3-12) - \$5.00 / Under 3 yrs old - Free
 - * Group Limitations: 50 total persons
- * Arrive with group count ready and plan to pay with one payment method.

Chaperones:

- * Chaperones are responsible for the proper behavior of the students in their care.
- * To assist with group visit, chaperones will be provided with the following:
 - * Schedule for the day to help guide the group through the facility.
 - * Group expectations and Exhibit rules.
 - * "Self-guided Exploration Sheets" will be available on our website to print and bring to use during visit.
 - * Copies will also be available upon arrival for a small fee.

Other:

- * Limit 4-5 students in the Gift Shop at a time with a supervising adult.
- * Picnic pavilion is not available during the summer for group usage.
- * Bus parking is located at the south end of the parking lot, in front of the dumpsters.

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I understand the self-guided group policies and assume responsibility for managing my group:

Print Name _____ **Signature** _____ **Date** _____

Please return completed form to:

Florida Oceanographic Coastal Center- Education Dept. 890 NE Ocean Blvd. Stuart, FL 34996
Fax: 772-225-4725
For Questions: Contact Michelle Byriel at 772-225-0505 ext. 116 or mbyriel@floridaocean.org

Florida Oceanographic Internal Use Only:

Rcvd: _____ On schedule: _____ AF: _____ VF: _____ Follow up: _____ by: _____ Initials: _____