

## **Instructions for Completing a Fillable PDF**

1. Use only the latest version of Adobe Reader
2. **Avoid completing the form online within your web browser.** *Any information you type on the form while open in a web browser will not be saved and will automatically be lost.*
3. **Before completing the form,** save the document to your computer
4. Once you have saved the form to your computer, you are ready to complete the form.
5. After the form is complete, save the form again before emailing.

Thank you



# Community Outreach Program Request Form



Please fill out all items on this form completely and email a minimum of two weeks prior to your education program for Community Outreach programs. Once this form has been submitted, you will receive an email from Oxbow Meadows to inform you of your program dates and education program confirmation. Email completed forms to [johnson\\_lauren1@columbusstate.edu](mailto:johnson_lauren1@columbusstate.edu).

## ORGANIZATION INFORMATION:

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Organization Phone (if different than contact): \_\_\_\_\_

Please provide the address you would like the program to be held:

Program Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

## SCHEDULING INFORMATION:

Age Level(s) (all that apply): \_\_\_\_\_

Total Number of Audience Members: \_\_\_\_\_

Number of Participants Per Session (if applicable): \_\_\_\_\_

Dates you would like to schedule a program:

First Choice:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day/Month/Year

Second Choice:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day/Month/Year

Third Choice:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day/Month/Year

Program Start Time: \_\_\_\_\_ Stop time: \_\_\_\_\_

## ADDITIONAL INFORMATION:

How did you hear about Oxbow Meadows?

Website

Facebook/Other

Social Media

Newsletter

Word of Mouth

Internet Search

Other: \_\_\_\_\_

Any additional comments: \_\_\_\_\_

\_\_\_\_\_

**COMMUNITY OUTREACH PROGRAM TYPE:**

Please select the type of Community Outreach program you would like:

Reptiles on the Road

Live-Animal Display Booth

**LOGISTICS INFORMATION:**

Where will the Community Outreach program take place?

Auditorium

Classroom

Inside

Outside

If outside:

Shade

Sun

Other: \_\_\_\_\_

Will the following items be provided or are they required for the program:

Tents:                      Yes Provided                      Oxbow Must Provide                      Not Necessary

Tables:                      Yes Provided                      Oxbow Must Provide                      Not Necessary

Chairs:                      Yes Provided                      Oxbow Must Provide                      Not Necessary

Power Outlet:              Yes Provided                      Oxbow Must Provide                      Not Necessary

Other: \_\_\_\_\_

**REPTILES ON THE ROAD ADDITIONAL INFORMATION:**

How many separate Reptiles on the Road programs are requested (MAX 5):

1

2

3

4

5

**LIVE-ANIMAL DISPLAY BOOTH ADDITIONAL INFORMATION:**

What type of event is this for (Festival, Fundraiser, Community Gathering...): \_\_\_\_\_

What time does set-up start for the event? \_\_\_\_\_

What time does take-down for the event start? \_\_\_\_\_

**ADDITIONAL COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_