



Confirmed
Program Date: _____
Presenter: _____

VISITOR CENTER AT NEWTOWN CREEK EDUCATION REQUEST

Thank you for your interest in a program at the Visitor Center at Newtown Creek. To help facilitate the coordination of your request, please fill out this form (save it) and e-mail it to educationoffice@dep.nyc.gov. If you have any questions, please call 718-595-3506.

First Name: _____ Last Name: _____
 Position: _____
 Organization Name: _____
 Address: _____
 City/Town: _____ State: _____ Zip Code: _____
 Borough/County: _____
 School Phone Number: _____ Alternative Phone (optional): _____
 E-mail: _____

Grade/Age: _____ Number of Classes: _____
 Number of Students/Participants: _____ Number of Chaperones: _____
 Description of Students/Attendees: _____ Please mention if they have special needs.

Interested Program Topic: _____
 Potential Date(s): _____
 Potential Start Time(s): _____ Potential End Time(s): _____

Are you also planning to go to the Newtown Creek Nature Walk? _____ If so, what are your plans? _____

How will you travel to the Visitor Center?

What lessons have you done in preparation for the program at the Visitor Center?

In the space below, please explain what goals you have for this education program and how it will tie into your curriculum.

_____ Thank You! _____
For Official Use Only: Approval/Date