

# WAVE on Wheels Outreach Request Form



Requests are scheduled on a first-come, first-served basis. Submission of this request form does not constitute a scheduled program.

**Animal Programs:** Each program is booked by the hour with a maximum of 125 people per program. The initial program is \$225. Each additional hour is \$100 if held on the same day and consecutively.

**Number of Programs:**  1 Program (\$225)  2 Programs (\$325)  3 Programs (\$425)  4 Programs (\$500)

**Program Topic:**  Career Talk  Scales & Tails  Croc Talk  Turtle Time  Snakes

**Premium Animal Programs:** Each program is booked by the hour with a maximum of 125 people per program. The initial program is \$425. Each additional hour is \$200 if held on the same day and consecutively.

**Number of Programs:**  1 Program (\$425)  2 Programs (\$625)  3 Programs (\$825)  4 Programs (\$1000)

**Program Topic:**  African Penguin  Shark Cart  Sting Ray Cart  Sturgeon Cart

**Mileage:** Program cost includes mileage within 25 miles roundtrip. For all other mileage, please see below. The maximum distance we will travel one way is 125 miles. **Distance from Newport Aquarium to Program Location:** \_\_\_\_\_ miles

Within 25 miles (0-50 miles roundtrip) – No Charge

75-100 miles (150-200 miles roundtrip) – \$100

25-50 miles (50-100 miles roundtrip) - \$50

100-125 miles (200-250 miles roundtrip) - \$125

50-75 miles (100-150 miles roundtrip) - \$75

## Program Information:

Contact Name \_\_\_\_\_ Today's Date: \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Location of Program \_\_\_\_\_

Address of Program \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Anticipated number of participants (maximum 125/program): \_\_\_\_\_ Grade level/age range: \_\_\_\_\_

**Please list 3 dates you would prefer to schedule programming and WAVE will contact you to confirm a date and time.**

Date 1: \_\_\_\_\_ Date 2: \_\_\_\_\_ Date 3: \_\_\_\_\_

Program Time(s): \_\_\_\_\_

## Method of Payment:

Program Cost: \_\_\_\_\_ Mileage Cost: \_\_\_\_\_ **Total Cost (Program + Mileage):** \_\_\_\_\_

Check Check Payable to: WAVE Foundation Check # \_\_\_\_\_

Invoice PO # \_\_\_\_\_ Send invoice to: Name \_\_\_\_\_  EMail  Mail

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

Invoice Address: \_\_\_\_\_

Credit Card:  MasterCard  VISA  AMEX  Discover

Name as it appears on Card: \_\_\_\_\_ Expiration: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please return this form to: WAVE Foundation Education Department • One Aquarium Way • Newport, KY 41071

Phone (859) 815-1442 • Fax (859) 261-3863 • [eshultz@wavefoundation.org](mailto:eshultz@wavefoundation.org)

WAVE Foundation is a 501(c)(3) organization. Tax ID #61-1325992

Filling out this document, hereby releases and forever discharges WAVE Foundation and the Newport Aquarium, and all of their officers, directors, employees, contractors, volunteers, parents, subsidiaries, and agents (in both their individual and representative capacities) (collectively, the "Releasees") from and against, and hereby waives, any and all claims, liabilities, damages or expense, including reasonable attorneys' fees, that may be alleged or incurred in any way related to or arising out of any person's participation in any program or related activities provided by WAVE Foundation and/or Newport Aquarium, including, but not limited to, any and all claims, liabilities, damages or expense arising out of the negligent acts or omissions of any or all of the Releasees. In addition, you give print, social media, photo, and video release consent to those participating in the program. WAVE Foundation reserves the right to cancel this program at any time, in which case, a full refund will be granted. We will then contact you to confirm your visit and discuss any details.