

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) 815-1467 • Fax (859) 261-3863 • registrar@wavefoundation.org

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Filling out this document, hereby releases and forever discharges WAVE Foundation and 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. Animal selection cannot be guaranteed and may change.