



Science on the Sound: S.T.E.M. Sail Application Form

Feel free to make copies and share this application with your colleagues.

Organization/Group Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Title _____

Work Phone _____ Fax _____

Cell Phone (confidential but mandatory) _____

Contact Email _____

School Administrator or Supervisor _____

Please indicate the type of program requested:

___ Floating Classroom only - \$1,095

___ Sea & Sand: program on the schooner with additional program at our Environmental Center (call for pricing).

Please answer the following questions to assist with our programming and scheduling:

Tell us about the program participants: Grade: _____ Age: _____

Expected total number of passengers including adults: _____

How many programs do you require? (Maximum 42 passengers per sail.) _____

Preferred dates/days: _____

Impossible days/dates: _____

We sail in the morning and in the afternoon. Program is typically three-hours long. Please indicate your preferred timing:

Morning _____ Afternoon _____

Please mark your preferred docking location. We will try our best to dock at the port closest to you:

___ Stamford ___ Mamaroneck ___ Bridgeport ___ Greenwich ___ Oyster Bay ___ Port Washington

Other _____

We will contact you about available dates, timing and docking. Do not send payment with this application. A deposit will be requested when dates are confirmed.