



Science Night Schedule

Inside the Outdoors[®]



Return this schedule at least FOUR WEEKS PRIOR to your participation. Email: ITOregistration@ocde.us

School _____ District _____ Phone _____

School address _____ Contact Name _____

Please note any special instructions (parking, set up times, etc.) _____

Date: _____

Estimated Number of Participants: _____

Event Times: _____

Event Theme: _____

Location:

Quad/Outside Area Classroom MPR Other (please describe) _____

Will we be setup in an area shared by other vendors? Yes No

Program Option:

What option would you like for the Science Night?

Booth - Stop by to meet our animals, learn about our programs, and explore some of our various animal evidence items. One to two tables will be needed for this option.

Presentation (Requires a projection screen and 1-2 tables in the front of the room.)

Which type of Presentation? Amazing Animals Birds of Prey Other

Schedule Times:

Additional Notes:

Will we be part of a rotation? Yes No

If yes, give times for rotations:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____