

# Educational Experiences™ Application

Fax to 386-575-2357

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Name of Teacher \_\_\_\_\_ Name of Principal \_\_\_\_\_

School Phone (\_\_\_\_\_) \_\_\_\_\_ Best Time to Call \_\_\_\_\_

School Fax (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please list first, second, and third dates of choice:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## Program/Park:

Physical Science (Islands of Adventure)     Physics (Islands of Adventure)     Math (Islands of Adventure)

Weather Days (Universal Studios or Islands of Adventure)

## Photojournalism: (Choose Only One Park)

Universal Studios Florida     Universal's Islands of Adventure     Sea World

Epcot     Magic Kingdom     Disney's Hollywood Studios     Disney's Animal Kingdom

Number of expected Participants:	Length of Trip:	Optional Add Ons:
_____ Teachers	<input type="checkbox"/> The Day	# _____ Meal Coupons (\$13.50 each)
_____ Chaperones	<input type="checkbox"/> Over Night(s)	_____ Dinner Show(s):
_____ Students	_____ How many nights	<input type="checkbox"/> Arabian Nights
_____ Total	Grade Level(s) _____	<input type="checkbox"/> Medieval Times
		<input type="checkbox"/> Pirate Adventure

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_



**Mail or Fax completed application to:**

386-575-2357

1780-5 Doyle Rd.

Deltona, Florida 32725