



RESERVATION REQUEST

Group Name/Organization:
Coordinator/Contact Person:

Purpose of Visit:

Arrival Date:
Departure Date:

Arrival Time:
Departure Time:

Total # of people in group (provide names on page 2):
Adults/Teachers/Chaperones:
Students/Participants:

Mailing Address:
Street
City, State, ZIP

Email:
Phone at home institution:
Cell phone for contact while at facility:

I have emailed or faxed (574.535.7509) a current Certificate of Insurance (required each year).

I agree to abide by the rules and restrictions while using the J. N. Roth Marine Biology Station.

Signature Date

Please email this page to Ryan Sensenig (rlsensenig@goshen.edu). Digital signatures are adequate. This form, along with a certificate of insurance, must be returned for the reservation request to be complete.

For office use only:

Certificate of Insurance Confirmed dates Deposit received Final Roster



Final Group Roster

Please fill out the names of those staying at the facility.

Chaperones:

Students: