

# FACILITY USE REGISTRATION FORM

## St. Joseph Bay State Buffer and Aquatic Preserves

Name of Contact Person: \_\_\_\_\_

Agency or Academic Affiliation (if applicable): \_\_\_\_\_

Requested Reservation Dates: \_\_\_\_\_

Estimated Time of Arrival: \_\_\_\_\_

Phone: \_\_\_\_\_

Please provide a cell phone # if available for emergency field contact.

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

Address: \_\_\_\_\_

Name of Each Guest:

Emergency Contact for Each Guest:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For reservation purposes, please provide the total number of males and females:

Males: \_\_\_\_\_

Females: \_\_\_\_\_

Special Requests:

\_\_\_\_\_  
\_\_\_\_\_

In the space below, please provide a brief description of your research project, training program, or other use of the Preserves Center facility, as well as your organization affiliation. Please provide informational materials if available.

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