



# 2009 GREAT SALT WATER EDUCATIONAL OUTREACH SCHOOL APPLICATION

School: \_\_\_\_\_

County: \_\_\_\_\_

Month Preference: \_\_\_\_\_

Do you prefer (please check one)?

Early month \_\_\_ Mid-month \_\_\_ Towards end of month \_\_\_

Grade level(s): \_\_\_\_\_

Total number of students to participate (Cost is \$3.00 per student): \_\_\_\_\_

Teacher or Administrative Contact Name: \_\_\_\_\_

E-mail address (optional): \_\_\_\_\_

School phone number: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional notes:

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

## *Coastal Carolina Indian Center*

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