

UI POLLINARIUM



606 W. Windsor Rd., Urbana, IL 61801 | 217-333-2070

Request Submission Date: / /

VISIT BY POLLINARIUM COORDINATOR REQUEST FORM

(please print)

Scheduling Contact Person: _____

Organization: _____ Teacher: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Contact Person for Day of Visit: _____ Cell Phone: (____) _____

Appointment Date Requested (sessions are usually 30, 45, 60 or 90 minutes):

FIRST CHOICE

Tu We Th Fr Sa
Day: Date: ____/____/____ Time: _____ a.m./p.m. – _____ a.m./p.m.

SECOND CHOICE

Tu We Th Fr Sa
Day: Date: ____/____/____ Time: _____ a.m./p.m. – _____ a.m./p.m.

THIRD CHOICE

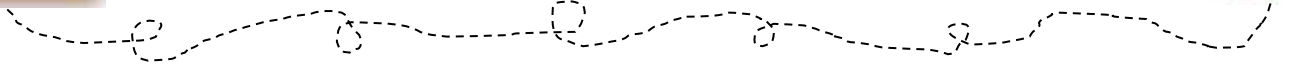
Tu We Th Fr Sa
Day: Date: ____/____/____ Time: _____ a.m./p.m. – _____ a.m./p.m.

Total # of Participants: _____ # of Adults: _____ # of Children: _____ (Ages: _____ – _____)

<p>Activities: <input type="checkbox"/> Honey Tasting <input type="checkbox"/> Story Time</p>	<p>Lessons: <input type="checkbox"/> Pollination <input type="checkbox"/> Honey Bee Anatomy <input type="checkbox"/> Bumble Bees <input type="checkbox"/> Colony Collapse Disorder <input type="checkbox"/> Native Bees <input type="checkbox"/> Life in the Hive <input type="checkbox"/> Life Cycles <input type="checkbox"/> Butterflies <input type="checkbox"/> Monarchs <input type="checkbox"/> How to help the Pollinators <input type="checkbox"/> Honey bees in Agriculture (food supply) <input type="checkbox"/> Planting Habitat for Pollinators <input type="checkbox"/> Other: _____</p>
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Become a *Friend of the Pollinarium* with a donation (\$1/guest recommended) and help us become more effective in raising pollinator awareness and appreciation. Please make checks out to "University of Illinois."



Additional Request/Visit Details:

TO SCHEDULE A VISIT BY THE POLLINATORIUM COORDINATOR

- Standard working days of the Pollinatorium Coordinator are Saturday through Wednesday.
- Visits are scheduled on a first-come, first-serve basis.
- Visits will be scheduled and confirmed by email using the Visit By Pollinatorium Coordinator Request Form.

CONFIRMATION

After you've submitted your request form by email, we will process your request within five business days. While we are booking the visit, we may send you one or more emails with options or questions. Once we've booked the visit, we will send you a confirmation email. The visit is not confirmed until you receive this email. After 5 business days, if you have not received an email, please email uibeas@life.uiuc.edu to check on your request.

RULES AND CONSIDERATIONS TO FOLLOW WHILE COORDINATOR IS VISITING

1. If you must cancel or change the date/time, please do so with as much advance notice as possible by email (uibeas@life.uiuc.edu).
2. If you wish to significantly change the total number of participants, please ask ahead of time.
3. If the participants are young children, please provide enough chaperones to maintain order. If a child becomes unruly, it is your responsibility to regain control so as not to spoil the visit for everyone else.

SIGNATURE REQUIRED: I agree to the above rules and considerations:

Contact Person Signature: _____ Organization: _____

OFFICE USE ONLY

CONFIRMED BY POLLINATORIUM		CONFIRMED BY GUEST		POLLINATORIUM HOST	ENTERED INTO CALENDAR
DATE(S)	TIME(S)	YES	NO	NAME	YES

Donation Amount Received: \$ _____ Date Received: ____/____/____

Additional Notes/Comments:
