

ONA EDUCATIONAL USE REQUEST

CONTACT INFORMATION

Name of Group/School:

Address:

City:

State:

ZIP Code:

Contact Name:

Phone:

Cell Phone:

Contact E-Mail:

GROUP INFORMATION

Group Leader Name (If different from above):

Number of Students:

Grade Level:

Course:

Number of Chaperons:

Type of Transportation:

Number of vehicles:

Arrival Date:

Arrival Time:

Departure Time:

TYPE OF ACTIVITY (CHECK ✓ ALL THAT APPLY)

JILONA Directed Lesson/Field Study

Teacher Directed Lesson/Field Study

JILONA Directed Service Project

Teacher Directed Service Project

Would your group like to include climbing the Lighthouse in this visit? YES or NO

ACTIVITY DESCRIPTION

Please describe the lesson, field study or service project you are requesting:

AS A REPRESENTATIVE OF THE GROUP NAMED ABOVE, I UNDERSTAND AND AGREE THAT ALL THOSE IN OUR GROUP, WILL FOLLOW, ALL THE RULES AND REGULATIONS OF THE JUPITER INLET LIGHTHOUSE OUTSTANDING NATURAL AREA AND THAT THIS SPECIAL USE PERMIT MAY BE REVOKED BY THE JILONA SITE MANAGER, OR DESIGNEE, AT ANY TIME.

SIGNATURE: _____ **DATE:** _____

*** FOR ONA USE ONLY ***

Request Received:

Initials:

Request Confirmed:

Initials:

*** SPECIAL INSTRUCTIONS & COMMENTS ***

Considering the above comments, this request is Approved _____ Denied _____.

Signature of Site Manager:

Date:

Submit form to: Peter DeWitt
Jupiter Inlet Lighthouse ONA
Bureau of Land Management
600 State Road 707, Unit B
Jupiter, FL 33469-3516