## **MEAD WILDLIFE AREA**Reservation Request

## STANTON W. MEAD EDUCATION CENTER

Wisconsin Department of Natural Resources 201517 County Road S Milladore WI 54454 General (715) 457-6771 Fax (715) 457-4650

Please complete this form to schedule a group visit. **Please return this form a minimum of eight weeks prior to the requested date of your visit.** Virtual tours are available upon request.

Contact Person: Name		
Email		
Email		
Phone NumberOrganization Address:		
(Address)	(City)	(State)
Dates Requested: (Please include three dates in t	he order of preference	e)
(2 <sup>nd</sup> )		
Number of expected participants: (Please specify Adults Children		l children <b>, Max. 50</b> )
Activities: (Please check one)  Environmental education programming leading independent use of the indoor classroom Independent use of the indoor classroom Independent use of the outdoor classroon	space with limited pro and kitchen space	ogramming by our staff
Does your group have any special needs or restric	ctions? (Please check	on€□ Yes □ No
If this is a school request, what grade level(s) wou	uld like to visit the Me	ad?
We hope to accommodate your request. Dates will Once we have received your request, it will be proyou. If your group requires programming, you will instructions will come at that time if needed.	ocessed, and a confirn	nation letter will be sent to
Send completed forms to Sam De Roche, Senior E reach out with questions call (715) 540-6013.	ducator, at Sandra.De	Roche@wisconsin.gov or to
Thank you for choosing the Mead Wildlife and Mc	Millan Marsh Areas!	