



On-Site School Registration:

George W. Mead Wildlife Area

201517 County S, Milladore, WI 54454

Phone (715) 457-6771 ext.:2 Fax (715) 457-4650

Contact: Pam Resech-Educator Email: pamela.resech@wisconsin.gov

Before Requesting a Date: **Check the "Education Booking Calendar" at:**

https://www.brownbears.wisconsin.gov/freecal/Mead_WLA? for Availability

Date Requested: _____

Contact Person: _____ Phone: _____ ext: _____

E-Mail: _____ Submission Date: _____

Name of School: _____

Address: _____

Arrive at Mead: _____ **Depart from Mead:** _____ Lunch Time at School: _____

Grade(s): _____ Total # of Students: _____ # of Teachers & Chaperons: _____

Special Needs Children: (Please describe in detail) _____

***Curriculum items you would like to have addressed: _____

Information on our topics, can be found "Education Program" tab @ www.meadwildlife.org

In order to create the schedule for your visit; all the boxes **Must** be checked:

___ Received and read "Rules and Behavior Guidelines-2018" before our visit

___ **Mead-DVD Intro (Required):** ___ Yes (viewed @ School) or ___ No (view @ Mead)

___ **Souvenir Showcase:** Souvenir purchases during Lunch ___ Yes or ___ No

Please choose from the following topic(s) of interest; maximum of 4 for an All-day Visit:

1. Standard Topics:

___ Wonderful Wetlands
Lesson(s): _____

___ Forestry Fun
Lesson(s): _____

___ Orienteering
Lesson(s): _____

___ The Great Grasslands
Lesson(s): _____

___ A Healthy Heritage
Lesson(s): _____

___ Renewable Energy
Lesson(s): _____

2. Specialty Topics (dependent on staff availability and Teacher involvement):

___ Birding Basics
Lesson(s): _____

___ Discovering Owls in WI with Live Owl
Lesson(s): _____

___ Waterfowl ID (Spring/Fall only)
Lesson(s): _____

___ Wisconsin Mammals (Choose a Mammal)
Lesson(s): _____

___ Winter Ecology/Snowshoeing
Lesson(s): _____

___ Wildlife Management (Grade 5 & Up)

___ Water Monitoring (Grade 5 & Up)

___ Nature Trail Hike (Seasonal)

___ Nature Journaling: ___ Make ___ Bring

Office Use Only
Visit Date: _____
Rec'd: _____
Volunteers Needed:

***Return this completed form by mail, fax, or email attachment at least **one month** in advance of your visit. Earlier if it's a **Spring Booking**. Please call **two weeks** in advance of your confirmed date to finalize program schedule and approach. **Revised 12/05/2018**