



UNDERSTANDING GROUNDWATER REQUEST FORM

Mail to: Macomb MSU Extension Phone: 586-469-7139
Understanding Groundwater Fax: 586-469-6948
21885 Dunham Rd., Suite 12
Clinton Twp MI 48036

SCHOOL: _____ DISTRICT: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____

EMAIL: _____

BEST TIME TO CONTACT: _____

GRADE: _____ NO. OF CLASSES: _____ TOTAL NO. OF STUDENTS: _____

SCHOOL HOURS: _____ LUNCH HOURS: _____

The program is presented to one class at a time. If you have more than one class wishing to participate, please schedule the presentations consecutively, allowing five minutes between presentations. Presentations are one hour in length. Program is scheduled October through April.

Program Date (Please be specific):

1st choice: _____ Time(s): _____

2nd choice: _____ Time(s): _____

3rd choice: _____ Time(s): _____

_____ I will have a groundwater model available for the presentation.

_____ Please bring a groundwater model.

Signature _____