



UNDERSTANDING GROUNDWATER REQUEST FORM

Mail to: Macomb MSU Extension
Understanding Groundwater
21885 Dunham Rd., Suite 12
Clinton Twp., MI 48036

Phone: 586-469-6430
Fax: 586-469-6948

SCHOOL _____ DISTRICT _____

ADDRESS _____

PHONE _____ FAX _____

CONTACT PERSON _____

E-MAIL _____

BEST TIME TO CONTACT _____

GRADE _____ # OF CLASSES _____ TOTAL # OF STUDENTS _____

SCHOOL HOURS _____ LUNCH HOUR _____

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 5 minutes between presentations. Presentations are 1 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 _____

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