



# LEHIGH GAP NATURE CENTER

(Wildlife Information Center)

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## Lehigh Gap Nature Center In-class Program Application

Date(s) Requested: \_\_\_\_\_

Time Requested (from/to): \_\_\_\_\_

Teacher/Staff Names: \_\_\_\_\_

School Name and Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Course/Grade Level: \_\_\_\_\_

Number of Classes: \_\_\_\_\_

Topics/Programs Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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LGNC use only

Fee:

Program leader:

Date:

Time: