

Ouachita Mountains Biological Station

Reservation Request

Date of this request _____ Time _____ via _____

Date of arrival _____ Time _____

Date of departure _____ Time _____

Total number of nights _____ Total number of persons (including leaders) _____

A donation of \$15.00 per person per night would be greatly appreciated.

Number of vehicles _____ MEALS are available – See Meal Request Form.

School or Group _____

Contact Name _____

Phone _____ FAX _____

E-Mail _____

Address _____

City, State, Zip _____

Purpose of visit _____

Group Leader _____

Notes:

Mail (or FAX 318-797-5222) Request to: Ouachita Mountains Biological Station
Museum of Life Sciences
LSU in Shreveport
One University Place
Shreveport, LA 71115-2399
318-797-5338
E-Mail: lhardy@lsus.edu

For Office Use

Has information been sent:

Brochure Yes No Date _____

Instructions Yes No Date _____

Reservation Confirmation Yes No Date _____ Letter E-mail

Invoiced for \$ _____ on _____ (Date). Use Fee received _____ (Date).