west virginia department of environmental protection

Annual Make a Splash Water Festival for _____ County Schools
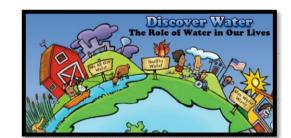
A Journey into Water Education

Theme: Make a Splash in Water Education

Where: [*name and address of event location*]

When: [*day of week and date with year*]

Time: [*approximate time range*]

Goals: 1. To offer students an enriching and innovated way of learning about water.

2. To help teachers meet priorities in terms of educational needs and CSO's.

3. To introduce students to interesting careers in the environmental field.

4. To foster stewardship of the environment.

Activities: Students will rotate through a series of curriculum-based, interactive activities with a water theme. They will participate in games, activities, and presentations where they will learn about the water around them; its importance, its uses, and how to protect this precious resource. The activities will be conducted by professionals from federal and state natural resource agencies, as well as volunteers from local organizations and community groups.

Registration is required by [insert date]

For questions, please contact [insert title and name of event coordinator] at

[insert phone number and email address]

ONLINE REGISTRATION FORM: [insert google form link, if online]

(**Registration** form is on the following page).

WEST VIRGINIA

project **WET**

WATER EDUCATION TODAY

Promoting a Healthy Environment

Annual Make a Splash [insert county] County Water Festival

Greetings 5th Grade Teachers! This is your chance to register for the one-day outside education event, Make a Splash Water Festival! The festival will be held at [insert location] on [insert date] from approximately [insert time].

We have a limited amount of space, so if you are interested in your 5th grade class(es) attending please complete the form below and email it to:

[insert name of event coordinator]

- [insert email of event coordinator]
- [insert phone of event coordinator]

School Name: _____

Number of Classes and Approximate Number of Students Attending: _____

Can you meet the arrive and departure times of [insert time range]? _____

Any Special Needs: _____

Teacher's Names: _____

Best Contact Info (Emails or Phones): _____

_____

SECTION COMPLETED BY SCHOOL