

## Gene Machine and Helix Express Middle School Request Form

\*Group size is limited to 24 students on the Gene Machine or 32 students for the Helix Express.

Name:

Phone:

Email:

Planning period time:

School Information School and District: Address: City, Zip: School phone:

Staff will arrive 30 minutes before the first class to set up. For overnight trips or single-day trips within 80 miles of GGC, the first class can begin at 9:00am. For single-day trips of >80 miles from GGC, the first class may begin as early as 9:30am.

Date Preference: The mobile lai	os are available for Tuesday, Wednes	day, or Thursday visits.
First date choice:	Second date choice:	_ Third date choice:
Class grade level: 7th grad	de 🗌 8th grade	
Class time available: 🗌 50 minu	tes 🛛 Other - please specify	
Will any student require special	services or a wheelchair lift? $\Box$ No	☐ Yes - please specify
Vehicle preference: Gene Ma	achine - bus Helix Express - var	1
the most appropriate activity fo	different activities per visit). Please i r student level and available time. ic Disguise □Allergies in a Nutshell	
Gel Electrophoresis with Dye	es DNA Isolation	Chromosomes and Karyotypes: Be the Cytogeneticist
Please provide the schedule for	<b>the day</b> - times, grade level, and nun	nber of students per session
TIME	CLASS LEVEL (7 <sup>TH</sup> OR 8 <sup>TH</sup> GRADE)	NUMBER OF STUDENTS

Please return this form to Dr. Leta Tribble by email (LMT@ggc.org) or to Ashley LaVerdure (alaverdure@ggc.org). For any questions, call 864-943-4170 or 864-941-8173.