

2009 – 2010 Registration Form

If registering for more than one group, please make copies of this form and use one per group. Reservations Office telephone: (415) 339-3931, fax: (415) 339-3901, mailing address: 557 McReynolds Road, Sausalito, CA 94965

School/Organization _____

Teacher/Leader _____

Grade _____ No. of Students _____

No. of Chaperones _____

School Mailing Address _____

City _____

County _____ Zip _____

Home Mailing Address _____

City _____

County _____ Zip _____

Work Phone _____

Fax _____

Home Phone _____

E-mail Address _____

What is the best way to contact you directly? _____

List three choices for the date and time of your visit:

1. Date _____ Time _____

2. Date _____ Time _____

3. Date _____ Time _____

List special needs (i.e., wheelchair access, language, mobility, etc.) _____

Buddy Teacher(s) _____

Please help us better understand our visitors:

What percentage of the students in your school fall into the following categories:

African American: _____ % Latino/Hispanic: _____ %

White: _____ % Asian: _____ % Mixed Race: _____ %

Native American: _____ % Pacific Islander: _____ %

Percentage of students qualifying for Free/Reduced-Price Lunch Program _____ %

Percentage of English Language Learners _____ %

Payment

Please check the appropriate box:

- Please charge the credit card listed below to pay for this visit in full.
- Please charge the credit card listed below to pay the non-refundable 20% of the total fee for this visit. The balance of the visit fee is due on the day of the visit.
- I have enclosed a check to pay for this visit in full.
- I have enclosed a check to pay the non-refundable 20% of the total fee for this visit. The balance of the visit fee is due on the day of the visit.
- I am applying for an admission scholarship. (Send no money. We will contact you shortly.)

Form of Payment:

Check Visa Mastercard American Express

Make checks payable to: Bay Area Discovery Museum
(The Bay Area Discovery Museum does not accept purchase orders).

Credit Card No. _____

Exp. Date _____

Cardholder Signature

Cardholder Name (Print)

OFFICE USE ONLY

Rec'd _____ Ent _____ Conf pkt _____