

# 2009 Fall Dollar Days Registration Form

Date: \_\_\_\_\_

## Parent Contact Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

## Program Information Please select one.

- Friday, October 23, 10 A.M.-2 P.M.  
 Saturday, October 24, 10 A.M.-2 P.M.

Number of Adults: \_\_\_\_\_ Number of Students: \_\_\_\_\_

Adult Name(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student Name(s)	Grade	Age	Notes

How did you hear about this program?

- HEAV                       Museum Website                       Friend  
 VA Homeschoolers                       Museum Email                       Other: \_\_\_\_\_

Check here to receive information about homeschool programs at The Mariners' Museum.

## Program Cost

Adult	Student (Ages 6-17)*
\$5 per adult	\$1 per student

\*Children ages 5 and under will be admitted free of charge. Cost includes admission to the Museum from 10 A.M. to 5 P.M., as well as participation in crafts, tours, and other special programming held between 10 A.M. and 2 P.M.

(No. of Adults × \$5): \_\_\_\_\_  
 + (No. of Students × \$1) : \_\_\_\_\_  
 =Amount Due: \_\_\_\_\_

## Payment Information

- Enclosed is a check/money order made payable to *The Mariners' Museum*.  
 Please charge my:      Visa                      MasterCard                      American Express

## Debit/Credit Card Information

Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Name listed on Card: \_\_\_\_\_  
 Signature of Cardholder: \_\_\_\_\_

To register, call (757) 591-7743 or send a completed registration form to the address or fax number listed below. Payment is required to register. A confirmation email will be sent to your inbox within one week. Please notify us of cancellations by *October 16* to receive a full refund or exchange. Refunds will not be issued without at least 72-hours notice of cancellation.

*The Mariners' Museum, Education Department, 100 Museum Drive, Newport News, VA 23606*  
 Fax Number: (757) 591-7320, Attn: A. Holley

FOR OFFICE USE ONLY

Excel \_\_\_\_\_                      Sale Number \_\_\_\_\_  
 Payment Processed \_\_\_\_\_                      Confirmation \_\_\_\_\_