

PORT DISCOVERY

Children's Museum

School Group Visit Registration Form

Today's Date

School Type (check one)

- Title One/Target Daycare/Childcare Community Org.
 Public Headstart Government Agency
 Private Homeschool Parochial

Planner Name _____
 Phone _____
 Email _____
 Billing Contact _____
 Phone _____
 Email _____
 Organization

(For office use) Contract #
 Lead Init

Required Information

Person in charge day of visit
 Address City State Zip
 County (required) Organization Phone Fax
 Other Phone Email (required)
 Grades Special Needs

Planning Your Trip

In priority of preference, list 3 possible dates for your visit & circle the time you prefer for each.

Date of Visit	2 Hour Visit: Self-Guided Wednesday & Friday (Tuesday-Friday from May to mid-June)		3 Hour Visit: Self-Guided Wednesday and Friday Staff-Guided Tuesday & Thursday, October through April.	
	A. 10 am - 12 pm	B. 2 pm - 4 pm	A. 10 am - 1 pm	B. 1 pm - 4 pm
1.				
2.				
3.				

Calculate Your Fees

**Chaperone Ratios: Grades 2 and under 1:5. Grades 3 and up 1:8

2 Hour Visit:

Total # Regular Price Students x \$8.50 = \$
 # of Required Chaperones** FREE \$0.00
 Additional Chaperones x \$8.50 = \$
 Other x _____ = \$
 Total Amount Due \$

3 Hour Visit:

Total # Regular Price Students x \$10.00 = \$
 # of Required Chaperones** FREE \$0.00
 Additional Chaperones x \$10.00 = \$
 Other x _____ = \$
 Total Amount Due \$

A deposit of \$75.00 must accompany your registration form. Your deposit will hold your time and space and be credited toward total admission. You will receive a confirmation of your visit; please bring it with you on the date of your group's visit. Balance is due at the box office upon arrival. Please sign and return: _____

Groups will not be able to enter without full payment.

Please make check or money order payable to Port Discovery Children's Museum. Questions? Contact School Group Sales at 410 864 2727. Fax: 410 864 2737.

Send completed registration form with deposit to:

Port Discovery Children's Museum
Group Reservations
35 Market Place, Baltimore, MD 21202

Payment Method

Check # Money Order #

Visa Mastercard AmEx Discover

Credit Card Number _____ Sec. Code _____ Expiration Date _____

Signature / Name on Card _____ Date _____