

# PORT DISCOVERY

## Children's Museum

Planner Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Billing Contact \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

### Social/Civic 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

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

#### 3 Hour Visit: Self-Guided

September (Fridays) am and pm  
 Oct. through June (Only Wednesday & Friday) am  
 Year Round pm and Weekends

1

A. 10 am - 1 pm

B. 1 pm - 4 pm

2

A. 10 am - 1 pm

B. 1 pm - 4 pm

3

A. 10 am - 1 pm

B. 1 pm - 4 pm

### Calculate Your Fees

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

#### 3 Hour Visit:

Total # Regular Price Students  x \$10.50 = \$

# of Required Chaperones  x \$10.50 = \$

Total Amount Due \$

#### Payment Method

Make payable to Port Discovery Children's Museum

Check # .....  Money Order # .....

Visa     Mastercard     AmEx     Discover

Credit Card Number ..... Sec. Code ..... Expiration Date .....

Signature / Name on Card ..... Date .....

Date of Deposit: .....

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.

**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**