

PORT DISCOVERY Children's Museum

Social/Civic Group Visit Registration Form

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

Today's Date

- 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 Grades

Address City State Zip

County (required) Organization Phone Fax

Other Phone Email (required)

Emergency Contact

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	
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: Ages 2 - 7 = 1:5 / Ages 8 and up = 1:8

3 Hour Visit:

Total # Regular Price Students x \$9.75 = \$

of Required Chaperones x \$9.75 = \$

Total Amount Due \$

Payment Method

Make payable to Port Discovery Children's Museum

Check # Money Order #

Visa Mastercard AmEx Discover

Credit Card Number Expiration Date

Signature Date

Date of Deposit:

A deposit of \$75.00 must accompany your registration form. 2 Hour Grant visits excluded. 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**