

# 2008 SPRING PROGRAM REGISTRATION

## MEL FISHER MARITIME MUSEUM

Please use this form when mailing or faxing your registration.

Attention: Education Department, 200 Greene Street, Key West, FL 33040 Fax 305.294.5671

### Parent/Guardian Information

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

### Youth Program / Night at the Museum Request

Program Session(s) \_\_\_\_\_ Title: \_\_\_\_\_ Fee \$ \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Program Session(s) \_\_\_\_\_ Title: \_\_\_\_\_ Fee \$ \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Yes! I want to be a Young Navigator** Fee \$ \_\_\_\_\_

### Family Program Request

Program Title \_\_\_\_\_ Fee \$ \_\_\_\_\_

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

Child's Name(s) \_\_\_\_\_ Grade: \_\_\_\_\_

Program Title \_\_\_\_\_ Fee \$ \_\_\_\_\_

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

Child's Name(s) \_\_\_\_\_ Grade: \_\_\_\_\_

### Payment

Check (payable to Mel Fisher Maritime Heritage Society)

Credit Card (Visa, Mastercard, American Express, Discover)

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Amount \_\_\_\_\_

Signature \_\_\_\_\_

### Registration Policies

- Class sizes are limited; enrollment is on a first-come, first-serve basis.
- If you do not receive a confirmation letter within one week of registering please call 305.294-2633 X 20 or email [education@melfisher.org](mailto:education@melfisher.org).
- Due to staff and program requirements, refunds/exchanges are not offered.
- However, MFMM reserves the right to cancel a program if minimum capacity is not reached. In this event, a full refund will be issued.