



PLANETARIUM PROGRAM REGISTRATION FORM

Form must be returned with signature.

Course Title: _____

Date & Time: _____

Cost Enclosed \$ _____

Mystic Seaport Member? Yes No

Member Number: _____

Name _____ Birthdate (if under 18) _____ Age _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Parent (Guardian) Name (if under 18) _____

Emergency Contact #1 Name _____ Relationship _____ Phone _____ Phone #2 _____

Emergency Contact #2 Name _____ Relationship _____ Phone _____ Phone #2 _____

Statement of Responsibility

In the event of illness or an accident, I authorize Mystic Seaport to initiate appropriate medical or dental treatment on my behalf or that of my child(ren) if I am unable to do so. I understand, except in the case of negligence, that I am not covered under Mystic Seaport's insurance and that I am responsible for payment of all medical or dental treatments received. Further I indemnify Mystic Seaport, its agents and employees from any complications or issues that may arise from such treatment.

Signature _____ Date _____

Method of Payment

Cancellations made up to 30 days prior to the start of a course will receive a refund less an administrative fee of 25% of the course cost. Cancellations made 15 to 29 days prior to a class will receive a refund less an administrative fee of 50% of the course cost. No refund will be given if cancelled within 14 days of the course.

Check is enclosed Please charge my: VISA/MC AMEX DISCOVER

Credit Card Number _____ Expiration Date _____

Total Amount \$ _____ Name of Cardholder _____

Occasionally Mystic Seaport photographs or videotapes visitors while on grounds for use in a variety of publicity and promotional materials and to advance our educational mission. We thank you for your cooperation and support.

For information on all programs, call 860.572.5322 or email reservations.desk@mysticseaport.org.

Please return registration form to: (fax) 860.572.5398 or (mail) Reservations, Mystic Seaport, PO Box 6000, Mystic, CT 06355