



CONRAD SUMMER CAMP REGISTRATION FORM

Please return by mail, fax or email.

Course Title: _____

Date & Time: _____

Cost Enclosed \$ _____

Mystic Seaport Member? Yes No

Member Number: _____

Name _____ Birthdate _____ Age _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Parent (Guardian) Name (if under 18) _____

Please note: You must be physically fit, agile and a competent swimmer to participate in *Conrad* Summer Camp.

Method of Payment

Cancellations made up to 30 days prior to the start of courses will receive a refund less an administrative fee of 25% of the course cost. No refund will be given for cancellations made within 30 days of any *Brilliant* or camp courses.

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

LIMITED FINANCIAL ASSISTANCE is available. Please indicate if you would like an application. Yes

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 complete and return registration form by mail to Reservations, Mystic Seaport, PO Box 6000, Mystic, CT 06355,
by fax to 860.572.5398 or by email using the button below.**

SUBMIT