

# John Gardner Small Craft Workshop - June 6&7, 2009

Name(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

C/S/Z \_\_\_\_\_

HomePhone \_\_\_\_\_

WorkPhone \_\_\_\_\_

Fax \_\_\_\_\_

e mail \_\_\_\_\_

We won't send you anything back by mail this year.  
 Your name(s) will be on a list at the Admission Gates.  
 Pick up your JGSCW ticket(s) at the Boat House for both you - and your boat, if you are bringing one

Boatbuilder? \_\_\_\_\_ Bringing a boat? \_\_\_\_\_ Be sure to fill out the Boat Registration form Thanks!

Non-Members	_____	x	\$20.00	=	_____
Members . . .	_____	x	\$15.00	=	_____
Non Member child	_____	x	\$10.00	=	_____
Children . . . .	_____	x	\$ 7.50	=	_____
CONRAD Friday	_____	x	\$30.00	=	_____
over nights Sat.	_____				_____
			Total paid		_____

Conrad accomodations are limited - we will inform you by e-mail if there is space

**Method of payment:**

Cancellations made by May 22 will receive a full refund. After June 3, register in person on the day of the event at the Boat House.

\_\_\_\_\_ Check is enclosed      Please charge my:    \_\_\_ Visa/MC    \_\_\_ Amex    \_\_\_ Discover

Credit card Number \_\_\_\_\_ Exp date \_\_\_\_\_

Total amount \_\_\_\_\_ Name of Cardholder \_\_\_\_\_

**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 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 \_\_\_\_\_

Occasionally Mystic Seaport photographs or videotapes visitors while on its 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](mailto:reservations.desk@mysticseaport.org)  
 Please return this form to: (fax) 860-572-5398 or (mail) Reservations, Mystic Seaport, PO Box 6000, Mystic, CT 06355