



Independence Seaport Museum

Seaport Slumber Reservation Form

Today's date _____

Group Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

How many? _____ students _____ adult

What age/grade? _____

Location? (Olympia only available May to October)

Museum Olympia

Program Theme:

- Navigation (Finding Your Way Adventure for Cub Scouts)
- Signs, Signals & Codes (Signs, Signals, and Codes merit badge for Boy Scouts)
- Wonders of Water (Journey for Girl Scouts)
- Playing the Past (Badge for Girl Scouts)

Overnight Date: _____ *Secondary date (if first date unavailable)*

Have you visited us before?

How did you hear about the Seaport Slumber Program?

Does your group have any special needs we should know about?

<p>I will send a check _____</p> <p>I would like to pay by credit card _____</p> <p>_____ children x \$50 = _____</p> <p>_____ adults x \$50 = _____</p> <p>TOTAL= _____</p> <p>Your date is not reserved until we have received a 50% deposit. Deposits are nonrefundable. Send check and this form to</p> <p>Independence Seaport Museum ATTN: M. Majowicz 211 South Columbus Blvd Philadelphia, PA 19106</p>



Independence Seaport Museum