

REGISTRATION FORM

2004-2005 SCHOOL YEAR

Teacher's Name

School Name

School Phone

Teacher's Email

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Grade Level

Total Number of Students Attending

Estimated Number of Teachers & Chaperones

Date(s) Requested

Time of Arrival

Time of Departure

Programs Requested

Self-Guided Tour

Special Activity Program *(Please list all selections below. Include 1st and 2nd choices if applicable.)*

Please return this application to:

Attn: Danielle Wallace (Danielle.Wallace@ncmail.net) at the address or fax number below.