

REGISTRATION FORM

2009-2010 SCHOOL YEAR

Teacher's Name

School Name and Address

School Phone

Teacher's Email

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Grade Level

Student Number

Teacher Number (including aides)

Parent Chaperone Number

If unknown, please estimate.

Date(s) Requested

Time of Arrival

Time of Departure

Programs Requested

- Self-Guided Tour
- Special Activity Program *(Please list all selections below.)*

Please return this application to:

Attn: Registrar (ncaff.registrar@ncaquariums.com)

School Group Registration

North Carolina Aquarium at Fort Fisher

900 Loggerhead Rd.

Kure Beach, NC 28449

Fax: 910-458-8464

Phone: 910-458-7468