



# Independence Seaport Museum

## Seaport Slumber Reservation Form

Today's date \_\_\_\_\_

Group Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

How many? \_\_\_\_\_ students \_\_\_\_\_ adults

What age/grade? \_\_\_\_\_

**Location?** (Cruiser *Olympia* only available May to October)

Museum     Cruiser *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 non-refundable. Send check and this form to Independence Seaport Museum ATTN: M. Majowicz 211 S. Columbus Blvd. Philadelphia, PA 19106</p>
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