



Plan ahead for
Teacher Planning Days!

2009-2010

Discovery Days

Registration Form 2009-10

Complete this registration form (please print) and send with full payment to: Education Department, Historical Museum of Southern Florida, 101C West Flagler St., Miami, FL 33130 or fax to 305.372.6315. For additional registrations, please photocopy this form. For more information, call 305.375.1629.

| | | | | |
|-----------------------------|---|------------------|------------|------------|
| Student's Last Name | First Name (<input type="checkbox"/> M or <input type="checkbox"/> F) | Date of Birth | Age | Home Phone |
| Home Address | City | State | Zip | |
| Parent/Guardian's Last Name | First Name | Work Phone | Cell Phone | E-mail |
| List Any Medications | List Any Allergies | Special Needs | | |
| Emergency Contact | Phone | Physician's Name | Phone | |

Please List Any Other Person(s) Authorized to Pick up Your Child

| | HMSF members | Non-members | | HMSF members | Non-members | | HMSF members | Non-members |
|---|--------------|-------------|--|--------------|-------------|---|--------------|-------------|
| September 28, 2009 | | | October 19, 2009 | | | October 30, 2009 | | |
| Going Downtown <input type="checkbox"/> \$35 <input type="checkbox"/> \$40 | | | Deep, Deep Depths <input type="checkbox"/> \$35 <input type="checkbox"/> \$40 | | | Miami's Mysterious Circle <input type="checkbox"/> \$35 <input type="checkbox"/> \$40 | | |
| January 22, 2010 | | | March 1, 2010 | | | April 5, 2010 | | |
| Puerto Rico Encantada <input type="checkbox"/> \$35 <input type="checkbox"/> \$40 | | | To Protect and Serve <input type="checkbox"/> \$35 <input type="checkbox"/> \$40 | | | Audubon's South Florida <input type="checkbox"/> \$35 <input type="checkbox"/> \$40 | | |

Special Discounts: 5% Educator; 10% Sibling

Registration fee includes a snack. Children must bring their own lunch.

BECOME A MUSEUM MEMBER AND SAVE MORE! Call 305.375.5356 or visit www.hmsf.org to join online.

I will not be registering my child but wish to sponsor a child. Please accept my contribution in the amount of \$ _____

Check enclosed, payable to HMSF \$ _____ Credit card (VISA/MC/AMEX) \$ _____

Card # _____ Exp. Date _____

Authorized Signature _____