



Financial Assistance Application for **Groups**

Today's Date _____ Group Name _____

Address _____ Town _____ State _____ Zip _____

Grade Level _____ Contact Name _____

Primary Phone # _____ Alternate # _____

E-mail Address _____ Fax # _____

What do you want to do at The Maritime Aquarium? Aquarium Only _____ IMAX Only _____ Both _____

Do you wish to purchase a program? _____ (Refer to www.maritimeaquarium.org for details on programs.)

Name of Traveling Program: _____

Name of In-house Program: _____

Proposed Date of Visit/Travel: _____

Made a reservation? Yes ___ No ___ Reservation # _____

Total # students in group _____ Chaperones (7:1 ratio) _____

If you are a school, how many of the above students participate in the free/reduced lunch program? _____

If you are an organization, how many of the above students receive financial aid from you? _____

Other criteria indicating need:

We cannot, unfortunately, wholly subsidize your visit. What is the maximum amount you and your students can contribute towards admission and/or program costs per student? _____

Teacher's Signature _____ Date _____

Principal's or Executive Director's Signature (required) _____ Date _____