



# School Registration Form

Please type or print

School Name \_\_\_\_\_ Date \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Grade Level \_\_\_\_\_ # Buses \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Immerse your students in the experience of a lifetime. Choose one of the following options:

- Self-Guided Tour
- Self-Guided Tour PLUS Teacher Packet
- Classroom Experience -Receive a Self-Guided Tour, PLUS a 30-45 minute Classroom Experience  
 Available Monday – Friday on a first-come, first-served basis. **(Minimum 20 students, Maximum 45 students, if more than 45 we will split the group.) No shows or cancellations within 48 hours of a scheduled classroom experience, with the exception of cancellations due to weather conditions are subject to a \$25 cancellation fee paid by the school to the WAVE Foundation.**

For the Classroom Experience, choose one of the following subjects:

- All About Penguins (PreK-5)
- Surrounded by Sharks (3-8)
- Fabulous Frogs (PreK-5)\*\*
- Career Talk w/ Behind-the-Scenes Tour (7-12)
- What You Otter Know (1-5)
- Wild About Water (3-8)
- Scales & Tails (PreK-12)
- Sea Turtles (3-8)\*\*
- Scuba Science (3-8)\*\*
- Incredible Invertebrates (3-8)

\*\*Teacher packets are available online at [www.wavefoundation.org](http://www.wavefoundation.org)

Please select 3 dates and times for which you would like to schedule your visit. List in order of preference.

Date 1 \_\_\_\_\_ Date 2 \_\_\_\_\_ Date 3 \_\_\_\_\_  
 Time 1 \_\_\_\_\_ Time 2 \_\_\_\_\_ Time 3 \_\_\_\_\_

Education Rates *Prices subject to change without notice (Rates do not apply to weekend dates)	Ticket Quantity	Self-Guided Tour Ticket Price*	Classroom Experience Ticket Price*	Total
Student (PreK-12)		\$7.00	\$1.00	
Additional Adults		\$13.00	\$1.00	
Adult Chaperones (1 free for every 10 students)		No Charge		
Career Talk (7-12)		\$7.00	\$5.00	
Scales & Tails		\$7.00	\$2.00	
Total Price				

Form of Payment:  Pay Day of Visit  PO # \_\_\_\_\_  Check # \_\_\_\_\_  
 (need actual PO prior to or day of visit)

Please make a copy of this form before sending it to the Aquarium. Mail or fax this form to:

Newport Aquarium, Sales Department  
 One Aquarium Way  
 Newport, KY 41071

Fax: (859) 261-3300  
 Phone: (859)815-1423

Email: [pgangel@newportaquarium.com](mailto:pgangel@newportaquarium.com)

