



**Calvert Marine Museum
Overnight Program Registration Form**

Date of Visit: _____

Location of Visit: _____

Name of Group: _____

Contact Person: _____

Address: _____

Telephone: _____

Email: _____

of Children: _____

Age of Children: _____

of Adults: _____

Programs Selected : _____

If you select a Try-It or Badge which one? _____

Please return this form and a non-refundable \$25 program to:
Melissa McCormick
Calvert Marine Museum
PO Box 97
Solomons, Maryland 20688