

Registration Form

Child's Name: _____

Age: _____

Are there any special diet restrictions or requirements?

Yes No

If Yes, Explain _____

Are there any medical conditions or allergies that we should be aware of?

Yes No

If Yes, medications: _____

Are there any special (birthdays, etc.) during the sleepover?

Yes No

If Yes, dates and details: _____

How did you hear about this unique program? _____

Registration Form, cont.

Emergency Contact Information

Name of Parent: _____

Address: _____

Hotel and Room #: _____

Phone: _____

E-mail: _____

Prices: \$60 / participant for sleepover.

Discounts: 15% off total for Maui Ocean Center members.

Subtotal: _____

Tax: (4.166%) + _____

Total: _____

Payment Information

Form of Payment:

Cash Credit Card Check

Credit Card Type:

Visa MC AmEx Discover

Name on card: _____

Credit Card# _____ Expires : _____

Cancellation Policy: A credit can be applied for all future sleepovers but there will be no refunds issued for cancellations made within 72hours prior to your sleepover date.

For questions: **808-270-7085 Education Dept.**

Please return this registration and signed waiver to: **Fax to: 808-270-7070**

Maui Ocean Center at 192 Ma'alaea Road, Ma'alaea, HI 96793.