



SEATTLE AQUARIUM



Registration Request

DATE _____

TEACHER'S NAME _____

SCHOOL/FACILITY NAME _____

SCHOOL/FACILITY MAILING ADDRESS _____

SCHOOL/FACILITY BILLING ADDRESS _____

SCHOOL DISTRICT _____ SCHOOL/FACILITY PHONE _____

TEACHER'S PHONE NUMBER _____

TEACHER'S E-MAIL _____

GRADE LEVEL _____ NO. OF STUDENTS _____ NO. OF ADULT CHAPERONES _____

DESIRED PROGRAM (1ST CHOICE) _____ DESIRED DATE & TIME _____

DESIRED PROGRAM (2ND CHOICE) _____ DESIRED DATE & TIME _____

DESIRED PROGRAM (3RD CHOICE) _____ DESIRED DATE & TIME _____

Each teacher/leader needs to fill out a separate form for registration.

All fields are required.

When our registrar receives this form they will contact you to confirm your requested time.

Please e-mail completed form to: aquarium.programs@seattle.gov

or mail: Seattle Aquarium, Attn.: Aquarium Registrar, 1483 Alaskan Way, Seattle, WA 98101

Please contact us at 206-386-4353, if you have questions.