



Overnight Registration Form

Please print clearly and make a copy for your records.

Group Leader or Parent/Guardian Name

Group Name or Troop #

Mailing Address

City

State

Zip Code

Phone Number

Fax Number

Email

of Children Attending

Grade Level(s)

of Adults Attending

Registration and Cancellation Policy:

When registering for an overnight, please be aware that a deposit of \$10 per person is due two months before your scheduled overnight date. Payments may be made via check, money order, or credit card. The Children's Museum of New Hampshire reserves the right to cancel an overnight program if the minimum number of 60 participants is not met six weeks prior to the overnight date. All deposit funds paid would be refunded in full at that time. The final payment of \$20 per person, and final count of both children and adults is due four weeks before the scheduled overnight. If you have to cancel for your group, you must call the office at 603-742-2002 x111. To receive a refund you must cancel at least six weeks prior to the overnight. Refunds will not be given after this period. Refunds are also subject to a \$25 administrative processing fee.

Date Selection:

Please number your first, second and third choice of overnight dates below. We will make all efforts to accommodate your first choice, but it is not guaranteed. Museum staff will call you to confirm your final date before processing your deposit payment:

___ January 24 - 25, 2009 (Sat. to Sun.)

___ March 14 - 15, 2009 (Sat. to Sun.)

___ April 10 - 11, 2009 (Fri. to Sat.)

___ May 8 - 9, 2009 (Fri. to Sat.)

I would like to pay our deposit of \$10 per person, or _____, by the following method:

___ Check (due 2 months before overnight date, payable to The Children's Museum of NH)

___ Charge: Please charge my credit card for the deposit amount two months before the overnight date.

___ Mastercard ___ Visa ___ Discover

Card Number

Exp. Date

3-digit Security Code

Name and Billing Address of Card Holder (if different from above):

To register:

By Mail: Mail this form to:

Overnight Program
The Children's Museum of New Hampshire
6 Washington Street
Dover, NH 03820

By Fax: 603 834-6275