

CMA Activity Registration

Participant	Age or Grade	Class or Trip Name	Date/Time	Fee
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

T-shirt Size (if applicable) _____ FRIENDS of Cabrillo Marine Aquarium member? Yes No Total amount enclosed: \$ _____

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

To pay by check:

Complete this form and enclose it with your check payable to Cabrillo Marine Aquarium and a self-addressed stamped envelope and mail to:
Cabrillo Marine Aquarium, 3720 Stephen M. White Drive, San Pedro California 90731.

A collection fee of \$35, in addition to the face value of the check, will be charged for all returned checks. Fees are non-refundable unless otherwise noted.

To pay by credit card: Indicate credit card company Visa MasterCard Discover American Express

Card Number _____ Expiration Date _____ Signature _____