

# OCEAN EXPLORERS APPLICATION • SUMMER 2017

SEYMOUR CENTER AT LONG MARINE LAB

## APPLICATION INSTRUCTIONS:

1. Please read "How to Apply" on the back page of this brochure.
2. Read carefully, PRINT NEATLY, and fill out BOTH SIDES of the application completely.
3. If applying for more than one child, submit a separate application for each child (photocopies OK). Each application will be drawn separately. Application is also available at *seymourcenter.ucsc.edu*.
4. **Application must be RECEIVED by 5 PM, on Thursday, March 23, 2017** to be included in the random drawing.
5. We accept applications by mail. We do NOT accept applications by fax, phone, or e-mail.
6. Send completed applications to: **Seymour Center at Long Marine Lab, Attn: Ocean Explorers, 100 McAllister Way, Santa Cruz, CA 95060**



\_\_\_\_\_  GIRL       BOY

CHILD'S NAME (first and last)

\_\_\_\_\_

PARENT/GUARDIAN NAME (first and last)      \_\_\_\_\_

RELATIONSHIP TO CHILD

MAILING ADDRESS      CITY      STATE      ZIP

(\_\_\_\_) \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_

PHONE #1      PHONE #2

CHILD'S BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

(month) (day) (year)      E-MAIL ADDRESS

Please explain any special needs (physical, developmental, medical, language, dietary, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**T-SHIRT:** Please circle ONE T-shirt size for your child:

ADULT sizes: S M L XL or CHILD sizes: S (8-10) M (10-12) L (14-16)

**MEMBERSHIP:** Are you a current member of the Friends of Seymour Marine Discovery Center?

YES, I am a member. My membership expires\* \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (day) (year)

\*Membership expiration date can be found on this brochure mailing label, or call (831) 459-3800.

NO, I am not a member.

| OFFICE USE ONLY                  | DATE | INITIALS |
|----------------------------------|------|----------|
| Received                         |      |          |
| Contact Verified in Database (T) |      |          |
| WL Letter Sent                   |      |          |
| Scheduled in Database            |      |          |
| Payment Received                 |      |          |
| Confirmation Sent                |      |          |

**Please complete page 2 to request a week for your child to attend.**

CHILD'S NAME (first and last)

PARENT/GUARDIAN NAME (first and last)

**Request a Week:**

1. Select the week you would like your child to attend *Ocean Explorers* (1=first choice, 2=second choice, 3=third choice, etc.). Each session is limited to 12 students (minimum adult/student ratio 1:6).
2. Indicate only age-appropriate week(s) for your child based on his/her age during the selected program session. For example, if your child wishes to attend *Seaside Sleuths* (ages 7-9), he/she must be 7, 8, or 9 years old during the week of June 12-June 16, 2017.
3. Applications will not be accepted for sessions that do not match the child's age.

**Please check your vacation and school schedules before submitting your application, and be certain you can attend ANY of the weeks you select.**

**Ages 7-9**

\_\_\_\_ June 12-16:  
Seaside Sleuths

\_\_\_\_ June 26-30:  
Seaside Sleuths

**Ages 9-11**

\_\_\_\_ June 19-23:  
Scientific Safari

\_\_\_\_ July 17-21:  
Masterful Marine Mammals

\_\_\_\_ July 31-August 4:  
Marine Science for Girls

\_\_\_\_ August 14-18:  
Masterful Marine Mammals

**Ages 12-14**

\_\_\_\_ July 10-14:  
Masterful Marine Mammals

\_\_\_\_ July 24-28:  
Masterful Marine Mammals

\_\_\_\_ August 7-11:  
Masterful Marine Mammals



**METHOD OF PAYMENT:** Please select your preferred method of payment.

CHECK – This is our preferred method of payment, due to increased credit card processing fees. If you prefer to pay by check, please DO NOT include payment at this time. If your child's application is selected in the random drawing, we will request payment during your confirmation e-mail. Payment must be received by April 21, 2017.

CREDIT CARD – If you prefer to pay with credit card, please complete the following information:

VISA    MC   Credit card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

If your child's application is selected in the random drawing, you will receive a confirmation e-mail to inform you of your selected program, and your credit card will be charged.

**Questions? Please call (831) 459-3800. Thank you for applying to Ocean Explorers!  
Be sure to fill out BOTH SIDES of this application.**