



## FINANCIAL ASSISTANCE FOR GROUPS

Today's Date \_\_\_\_\_ Group Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade Level \_\_\_\_\_ Contact Name \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

Email Address \_\_\_\_\_ Fax# \_\_\_\_\_

Total # of Students in group: \_\_\_\_\_ Chaperones (7:1 ratio): \_\_\_\_\_

Have you made a reservation? Yes: No: Reservation # \_\_\_\_\_

Would you like to (circle one): Visit the Aquarium or Have a Traveling Teacher visit you

Proposed Date of Visit/Travel: \_\_\_\_\_

**If you would like to visit the Aquarium:**

What would you like to do (circle one): Aquarium only IMAX only Aquarium + IMAX

Do you want to add an Educational Program? Yes No

If yes, name of Educational Program: \_\_\_\_\_

**If you would like a Maritime Aquarium Traveling Teacher program to visit your school:**

Name of Traveling Teacher program: \_\_\_\_\_

If you are a school, how many students in your group participate in the Free/Reduced Lunch program? \_\_\_\_\_

If you are an organization, how many students in your group receive financial aid from you? \_\_\_\_\_

Other Criteria indicating need: \_\_\_\_\_

Unfortunately, we cannot wholly subsidize your visit. What is the maximum amount you and your students can contribute toward admission and/or program cost per student? \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Executive Director's Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Applications must be received four weeks prior to visit to qualify. Incomplete applications will not be considered.

Mail or fax to: Financial Assistance: Reservations, The Maritime Aquarium at Norwalk  
10 North Water St., Norwalk, CT 06854

Fax: (203) 838-5416 [www.maritimeaquarium.org](http://www.maritimeaquarium.org)