

# NIGHTWATCH

at the Maritime Museum of the Atlantic

*Presented by Heritage Explorers*

Please complete this form and fax to (902) 446-4465

Group Contact Information:

Group Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

Primary Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Participant Information:

Age/Grade of Attendees \_\_\_\_\_

# of Children \_\_\_\_\_ # Number of Adult Chaperones \_\_\_\_\_ (6:1 ratio)

Please indicate any food allergies or special group/individual needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate three possible dates of choice for your visit. *If your specific date choice is unavailable, we will inform you of nights available closest to your preferred selection:*

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please let us know how you heard about the Nightwatch program:

Museum Events Listing	Museum Website	Heritage Explorers Website	Email
Heritage Explorers Newsletter	Word of Mouth	Brochure	Fax
			Rackcard

Other (please specify) \_\_\_\_\_

**Heritage Explorers**

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