

## Night Prowl Registration Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Email \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_  
Number in your group: Adults \_\_\_\_\_ Children \_\_\_\_\_  
Date requested \_\_\_\_\_

### FEE

Cost/person \$5.00  
Total Amount due \$ \_\_\_\_\_

### Payment Method

Type of Card:      VISA    M/C    American Express    Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

FAX form to (850)574-8243

Or mail form and check made out to Tallahassee Museum to:

Attn: Education  
Tallahassee Museum  
3945 Museum Dr.  
Tallahassee, FL 32310