

CANCELLATIONS/REFUNDS

IF YOU WISH TO CANCEL OR RESCHEDULE A PROGRAM, PLEASE CALL 202-965-0400 x110 AT LEAST 1 WEEK PRIOR TO YOUR SCHEDULED PROGRAM. YOUR DEPOSIT, MINUS A \$10 NON-REFUNDABLE ADMINISTRATIVE FEE, WILL BE REFUNDED OR YOUR PROGRAM WILL BE RESCHEDULED. FAILURE TO PROVIDE A WEEKS NOTICE WILL RESULT IN FORFEITURE OF THE DEPOSIT.



TUDOR PLACE
HISTORIC HOUSE AND GARDEN

Please return form & payment deposit to:

TUDOR PLACE
EDUCATION DEPARTMENT
1644 31ST STREET, NW
WASHINGTON, DC 20007

FAX: 202-965-3168

CONTACT INFORMATION

CONTACT NAME _____

SCHOOL NAME _____ GRADE LEVEL(S) _____

ADDRESS/CITY/STATE/ZIP _____

DAYTIME PHONE _____

EMAIL _____

NUMBER OF STUDENTS _____ NUMBER OF CHAPERONES _____

ARE THERE ANY STUDENTS WITH SPECIAL NEEDS? (CIRCLE ONE) YES NO
IF YES, PLEASE DESCRIBE ON THE BACK OF THIS PAGE

PROGRAMS

PLEASE REGISTER MY STUDENTS FOR THE FOLLOWING PROGRAM (CHECK ONE):

- STORY TIME IN THE GARDEN [GRADES PRE-K—2]** MAXIMUM: 30 STUDENTS. \$3/STUDENT, 2 CHAPERONES FREE, \$3 ADDITIONAL CHAPERONES
- CODE GREEN: GARDEN DETECTIVES [GRADES 3-5]** MAXIMUM: 30 STUDENTS. \$3/STUDENT, 2 CHAPERONES FREE, \$3 ADDITIONAL CHAPERONES
- ART THROUGH TIME [GRADES 3—8]** MAXIMUM: 30 STUDENTS. \$3/STUDENT, 2 CHAPERONES FREE, \$3 ADDITIONAL CHAPERONES
- HISTORICAL DETECTIVES [GRADES 3—8]** MAXIMUM: 30 STUDENTS. \$3/STUDENT, 2 CHAPERONES FREE, \$3 ADDITIONAL CHAPERONES
- EXPLORE THE CIVIL WAR! [GRADES 5—8]** MAXIMUM: 30 STUDENTS. \$3/STUDENT, 2 CHAPERONES FREE, \$3 ADDITIONAL CHAPERONES
- GEORGETOWN HISTORY ADVENTURES IN PARTNERSHIP WITH DUMBARTON HOUSE [GRADES 3—8]** MAXIMUM: 60 STUDENTS. \$6/STUDENT, 2 CHAPERONES FREE, \$3 ADDITIONAL CHAPERONES

SCHEDULING

STORY TIME IN THE GARDEN & CODE GREEN: GARDEN DETECTIVES AVAILABLE SEPTEMBER—NOVEMBER and MARCH-JUNE, M—F, 9:30-11:00 AM or 12:30-2:00 PM; ART THROUGH TIME, HISTORICAL DETECTIVES, EXPLORE THE CIVIL WAR! & GEORGETOWN HISTORY ADVENTURES AVAILABLE YEAR ROUND, TU—F, 9:30-11:30 AM or 12:30-2:30 PM

PLEASE INDICATE YOUR PREFERENCE FOR DATE & TIME

FIRST CHOICE DATE: _____ TIME: _____

SECOND CHOICE DATE: _____ TIME: _____

PAYMENT

PLEASE ENCLOSE A \$25 DEPOSIT WITH THIS REGISTRATION FORM. BALANCE WILL BE DUE ON THE DAY OF THE PROGRAM.

_____ # STUDENTS @ \$3 EACH = _____

2 CHAPERONES ADMITTED FREE

_____ ADDITIONAL CHAPERONES @ \$3 EACH = _____

TOTAL COST (INCLUDING \$25 DEPOSIT) = _____

- MY CHECK FOR \$25 IS ENCLOSED. PLEASE MAKE CHECK PAYABLE TO **TUDOR PLACE**.
- PLEASE CHARGE \$25 TO MY CREDIT CARD (CHECK ONE) VISA MASTERCARD

ACCOUNT NUMBER _____ EXP. DATE _____

NAME (EXACTLY AS IT APPEARS ON CARD) _____ SIGNATURE _____

School Program Registration