

**Classroom & After-School Registration Form**  
*Have the Rose Island Lighthouse Visit Your School*

Updated 4/18/08

<b>School Information</b>	School Name: Address:		
<b>Contact Person</b>	Name: Title:		
<b>Phone Number(s)</b>	At School: Cell:	At Home: Other:	
<b>Grade Level / Ages</b>			
<b>Desired Program / Study Areas</b> (see classroom & after-school program)			
<b>Date(s) of Visit(s)</b> (call first to schedule)			
<b>Fee calculation:</b>			
No. of Children =		x \$3 / child =	\$ (Minimum fee \$75)
++Lighthouse trailer fee \$25.00 =			\$
<b>Total Fees =</b>			\$
<b>**Full payment due with this form</b>			\$

++One time fee per location.

\*\*Please make a copy of this form if you need to have an invoice for your bookkeeping department. Your program will be confirmed upon receipt of your payment. Questions? Call 401-847-4242

Please mail this form with your payment to:

**Rose Island Lighthouse Foundation**  
**P.O. Box 1419, Newport, RI 02840**