

# DolphinLab: All About Dolphins!

## Adult Application



**Directions:** Please print this application single-sided. Please type or print clearly. Advise us of **any changes in address or telephone numbers**. This application must be accompanied by a deposit **check or money order for \$300** (U.S. Currency). *Please see last page if you would like to pay by credit card.*

Name: \_\_\_\_\_  
Last First Middle

Current Street Address: \_\_\_\_\_

City/State/Postal Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_  
Current Business/Other

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

Email Address: \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_

City/State/Postal Code: \_\_\_\_\_

Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_ Sex: \_\_\_ Occupation: \_\_\_\_\_

Education: Grade Levels Completed: \_\_\_\_\_ College/Other Attended: \_\_\_\_\_  
(Include graduation date or years attended, name of college, degree or study major, and any technical schools or special training.)

Emergency Contact: \_\_\_\_\_  
Name/Relationship Telephone #

**Reservations Data** - Refer to the online schedule for class dates. Indicate if you are interested in being put on standby should the class be full. Housing accommodations consist of a two-story **dormitory** with four bedrooms sleeping 4-5 people per room on **bunk beds**. One private room per class may be available on a first come, first served basis for an additional fee of \$150. This fee must be sent in with your application. Check the appropriate space if you are interested in applying for a private room. **Note:** *We cannot confirm this room until approximately 30 days prior to the class.*

\_\_\_\_\_  
First Choice Standby

\_\_\_\_\_  
Second Choice Standby

\_\_\_\_\_  
Third Choice Standby



**It is essential that you describe, below, any dietary restrictions, health conditions or disabilities** that might either warrant special consideration or possibly interfere with your ability to participate in any portion of the program. *Advanced notice of any restrictions/conditions/disabilities allows us to better accommodate your needs.*

**Please note the following:**

- The dormitory is accessed by stairs and is approximately a 150 yard walk from DRC.
- One may not participate in activities involving direct interaction with the dolphins if he/she has any respiratory infection, open sores or other outward signs of illness; or if any physical conditions exist that might place him/her at an increased risk.
- Women may not participate in activities involving direct interaction with the dolphins if they are pregnant

---



---



---



---

**For each of the following, check the column that best describes you:**

	Low or None	Fair	Good	Excellent	Comments
Swimming skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Snorkeling skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health and fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marine mammal knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
English language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Provide a brief answer to each of the following (use additional paper if necessary):**

1. How did you originally hear about... (Please name your sources specifically.)

- |                          |                           |                          |                           |
|--------------------------|---------------------------|--------------------------|---------------------------|
| Dolphin Research Center? |                           | DolphinLab?              |                           |
| <input type="checkbox"/> | friend/relative           | <input type="checkbox"/> | friend/relative           |
| <input type="checkbox"/> | school/other organization | <input type="checkbox"/> | school/other organization |
| <input type="checkbox"/> | book/article              | <input type="checkbox"/> | book/article              |
| <input type="checkbox"/> | TV/radio program          | <input type="checkbox"/> | TV/radio program          |
| <input type="checkbox"/> | lecture/presentation      | <input type="checkbox"/> | lecture/presentation      |
| <input type="checkbox"/> | internet                  | <input type="checkbox"/> | internet                  |
| <input type="checkbox"/> | other                     | <input type="checkbox"/> | other                     |

2. Describe any previous activity or involvement with DRC (DRC tour, Dolphin Encounter, DolphInsight, Dolfriend, Adopt-a-Dolphin, donations, intern or volunteer). Include dates if known.

---



---

3. Describe any activity of involvement with other environmental, conservation or animal related organizations.

---



---



4. Describe your prior experience or exposure to dolphins or marine mammals in general.

---

---

---

5. What is your perception of dolphins?

---

---

---

6. What reasons do you accept as being valid for maintaining dolphins in a human care setting?

---

---

---

7. What are your personal goals and expectations in attending Basic DolphinLab? Please include any specific areas of interest.

---

---

---

**Sign and date application** in the space provided below.. Return application to: **Attn: DolphinLab Reservations**. You must include a deposit via **check or money order for \$300.00** (U.S. Currency) made payable to Dolphin Research Center in order to reserve your space in a class. (Please see following page if you want to pay by credit card.) Your enrollment will be confirmed in writing and the deposit will be applied towards your total tuition balance. **The remaining balance is due 60 days prior to the class start date.** If the balance is not received by the due date, reservations are subject to cancellation and the deposit becomes non-refundable. **Cancellation of a confirmed reservation must be made in writing.** If a cancellation is received **more than 60 days before the start of the class**, your deposit minus a processing fee of \$35 will be refunded to you. **Cancellations made less than 60 days before the class are NOT eligible for a refund regardless of reason, including weather and medical emergencies.** Please note that hurricane season extends from June to November, with the most active time frame being in September. Therefore, *we highly recommend that you purchase trip insurance through your travel agent* to cover the cost of DolphinLab and travel for such events..

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

***\* Dolphin Research Center would appreciate your help with connecting DolphinLab students. Please provide your signature below if you would like to grant DolphinLab staff the right to share your name, telephone number and email address with other DolphinLab students signed up for your class.***

\*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**Dolphin Research Center**, 58901 Overseas Highway, Grassy Key, FL 33050  
(305) 289-1121, drc-ed@dolphins.org

# Payment Information



Applicant's name: \_\_\_\_\_

Dates of DolphinLab applying for: \_\_\_\_\_

Method of payment (check the method you are using):

Check, money order or cashier's check enclosed. (If you are making your payment less than 60 days prior to the class, tuition must be submitted in the form of a money order or cashier's check.)

Charge to my Credit Card

*For those charging deposits & tuition via credit card, please read the following:*

*Two payments will be processed on your card:*

- 1. An initial deposit of \$300.00 to secure the applicant's space in the class will be charged on your credit card. This fee will be applied to the entire tuition.*
- 2. Upon confirmation of the class (when minimum enrollment has been reached) the final balance payment of \$1,200.00 will be automatically charged on your credit card. Credit card payments are subject to credit approval.*

*If paying tuition via credit card, please supply the following information:*

**Credit Card # :** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_  
month                      year

**Name as it appears on credit card:** \_\_\_\_\_

I, \_\_\_\_\_, authorize the full tuition amount of \_\_\_\_\_ to be charged on my credit card for the DolphinLab class I am enrolling in at Dolphin Research Center.

**Signature of Card Holder:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Billing address:*

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State/Prov: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

