

I wish to apply for a private room.(you must submit \$150 in addition to the \$300 application in order to reserve the private room).

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):

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

- | | |
|--|--|
| <input type="checkbox"/> Dolphin Research Center? | <input type="checkbox"/> 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 |

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

1. Describe any previous activity or involvement with DRC (DRC tour, Dolphin Encounter, Dolphin Splash, Meet, Play or Paint with a Dolphin, Dolfriend, Adopt-a-Dolphin, donations, intern or volunteer). Include dates if known.



2. Describe any activity or involvement you have had with other animal related organizations, environmental groups, research groups or other related groups.

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

4. What is your perception of dolphins?

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

6. What are your personal goals and expectations in attending this course? Please include any specific areas of interest.

5. How will you use this experience to benefit marine mammals in general?

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), for each course applied for, made payable to Dolphin Research Center in order to reserve your space in a class. (Please see attached sheet if you prefer paying by credit card.) Your enrollment will be confirmed in writing and the deposit will be applied toward your total tuition. **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 your 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 strongly 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 and telephone number with other DolphinLab students.***

*Applicant Signature

Date



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 \$1,400.00 will be 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/Province: _____

Zip/Postal Code: _____ Country: _____

