



707 W Hornet Ave
 Pier 3, Alameda Point
 PO Box 460
 Alameda, CA 94501
 Phone: 510-521-8448
 Fax: 510-749-3699
 www.uss-hornet.org

MEMBERS-ONLY LIVE-ABOARD EXPERIENCE

OVERNIGHT APPLICATION

Family/Group Name: _____

Member ID No: _____ **Expires:** _____

Name: _____ Daytime Phone: (_____) _____

Mailing Address: _____ Evening: (_____) _____

Street Address: _____ Cell/Mobile: (_____) _____

City: _____ Fax: (_____) _____

State: _____ Zip Code: _____ E-Mail: _____
 (for confirmation)

The Family Overnight Experience is available once a month on preselected Friday nights. Please check our website at: <http://www.uss-hornet.org/groups/overnightfamily/> or call for available dates. This Special Members-Only offer is for:

DATE OF STAY: Friday, MARCH 5, 2010

Program Cost: The charge for an overnight stay is \$75.00 per person regardless of age.

Payment: Must accompany this application to secure a date for your group. *The payment is non-refundable.* In the event that your group must re-schedule, the amount can be applied toward an alternate date.

NUMBER OF PARTICIPANTS: No. of Youth: _____ No. of Adults: _____ **TOTAL GUESTS:** _____

- All participants must be at least five (5) years of age.
- You must be a member in good standing to attend this Member Overnight.
- Due to the popularity of the program, we may sell out. Please provide an accurate count. Add-ons will be accepted up to one week before the overnight.

How did you hear about the Family Overnight Program?

- Another Group Friend Hornet Presentation Museum Flyer Newspaper Article Hornet Website
- Previous Stay: (Date) _____ Other: (email, internet search, other website) _____

Return completed application along with payment to:
 USS Hornet Museum • Live-Aboard Program • PO Box 460 • Alameda, CA 94501
or fax application along with your credit card number to: 510-749-3699

I hereby authorize the USS Hornet Museum to charge on the following credit card for the above referenced event.

Credit Card Information

Number of Participants: _____ @ \$75 each person = \$ _____ TOTAL AMOUNT to be Charged

Type of Credit Card: American Express Discover MasterCard Visa Security Code: _____

Credit Card Number: _____ Expiration Date: _____

Name on Card: (print) _____ Signature: _____

Billing Address: (if different from above) _____

City: _____ State: _____ Zip Code: _____

Confirmation: A confirmation and further instructions will be sent upon approval of assigned night via e-mail. If no e-mail address is available, confirmation will be mailed.

Questions? E-mail liveboard@uss-hornet.org or call **510-521-8448 ext. 280**