



P.O. Box 1390
 Port Townsend, WA 98368
 phone 360-379-0438
 fax 360-379-0439
 www.soundexp.org

Program Request Form

Organization / Group: _____

Representative: _____ Agency Contact Group Leader Teacher

Day Phone: _____ Evening phone: _____

Trip leader's mobile phone: _____ (necessary for emergencies or program coordination)

Email: _____ Email checked: Daily Weekly Monthly

Shipping Address: _____ Home School

City: _____ State: _____ Zip: _____

Fax: (____) _____

Invoice address (if different): _____

Mission or primary goals of group relevant to this trip: _____

Youth Age(s): ____ years old to ____ years old. Youth Grade(s): ____ grade to ____ grade

PROGRAM CHOICE (DAY SAIL VS. OVERNIGHT):

SOUND STUDIES PROGRAM FEE: Day sail fees are per sail, not per person.

3-hour Sail — Youth Groups: \$1,150; 9 am– 12 noon or 1 pm– 4 pm

5-hour Sail — Youth Groups: \$1,675;

TOTAL NUMBER OF PARTICIPANTS IN YOUR GROUP (Approximate):

There is a **limit of 45 participants aboard per day program**. Total includes youth, teachers, chaperones, etc.

Group Leaders: _____ Adults chaperones: _____ Youth: _____ = Total number attending: _____

SOUND EXPLORATIONS PROGRAM FEE: Overnight programs are a minimum of three days in length. Spring and Fall programs begin at 11 am. Summer programs begin at 1 pm. All programs end at noon. Fees are per day, **not per night or per person**.

Youth Group — 10 - 17 years \$2,780 per day x _____ days = \$_____ **Total Fee**

Adult Group — 18 years & older (please contact the office to discuss terms)

TOTAL NUMBER OF PARTICIPANTS IN YOUR GROUP (Approximate):

There is a **limit of 24 participants aboard overnight**. Total includes youth, teachers, chaperones, etc.

Group Leaders: _____ Adults: _____ Youth: _____ = Total number attending: _____ Males: _____ Females: _____

If your group size is small (10-12), would you be interested in combining your program with another group of similar size? Yes No

PREFERRED DATES YOUR GROUP COULD SAIL (*selecting more than one box is preferred and helpful in scheduling. Sound Experience does its best to be accessible to all requests given that we operate out a variety of ports*):

- March April May June July August September October
 Weekdays only Weekends OK Flexible

Impossible dates/days of the week: _____

Spring Break dates: _____ we are interested in sailing during spring break

PORTS YOUR GROUP COULD SAIL FROM:

*Please indicate your group's port preference. Preference will be considered, however, **Sound Experience will determine final ports based on accessibility of the ship.** Transit voyages are fun and rewarding.*

Leave from: __Bainbridge Island __Seattle __Olympia __Tacoma __Everett __Port Ludlow __Des Moines
__Gig Harbor __Kirkland __Lake Union __Port Townsend __Bellingham __Friday Harbor

Return to: __Bainbridge Island __Seattle __Olympia __Tacoma __Everett __Port Ludlow __Des Moines
__Gig Harbor __Kirkland __Lake Union __Port Townsend __Bellingham __Friday Harbor

SUPPLEMENTARY INFORMATION:

How can we best tailor this experience to your students' interests? _____

- What attracted you to select this program? On-the Puget Sound experience Encounters with marine life
 Community building activities Individual growth/leadership opportunities Stewardship ethics/practices
 Cultural History Natural science/Natural history studies Crew rolemodeling Watershed/Geography Studies
 The Adventuress Multi-disciplinary approach (arts, skits, journaling, etc.) Other: _____

Where can we focus our attention to make the trip most rewarding? _____

Do any of the participants have special needs relevant to this trip? _____

Please include an addition sheet with any special requests for special activities or topics.

BILLING, CANCELLATION, AND REFUND POLICIES:

Upon receipt of completed request, Sound Experience will negotiate and confirm program dates within two weeks then mail a program and financial agreement to the group leader. Invoices will be sent at the same time. Groups reserve the entire boat and fees are assessed in total. All payments are due prior to trip offering. Preferred payment schedule: One-third (1/3) reservation deposit is due within two weeks receipt of contract; one-third (1/3) payment due 60 days (2 months) in advance of trip; and one-third (1/3) payment due 30 days in advance of trip departure date.

One half of the deposit (per voyage) is refundable up to 120 days prior to the program departure date. After 120 days prior to the program departure date, the whole program fee is considered earned by Sound Experience for all days reserved, regardless of actual use by the group. Program fees can be transferred to other program dates including subsequent years (up to 360 days), when schedule allows or to other youth groups/institutions.

I have read the above statement and agree to abide by the terms of the application. I understand the refund policy.

Signature x _____ Date: _____

Please return completed forms to: Sound Experience, PO Box 1390, Port Townsend, WA 98368 * fax: 360-379-0439