



ARIZONA-SONORA
DESERT
MUSEUM

2021 N. Kinney Rd Tucson, AZ 85743

Office Use Only!
Date received _____

DESERT RATS REGISTRATION FORM

Applicant's Name: _____ Today's Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Applicant's Cell Phone _____

Emergency Day Phone: _____

Applicant's Email: _____

Applicant's Date of Birth: _____ Current Age: _____

School Attending Fall 2012: _____ Grade for Fall 2012 _____

Other Spoken Language: _____

Adult T Shirt Size (Please circle one): S M L XL

1. This is a school-yearlong program and each session runs like a class with learning experiences.

Are you able to commit to this kind of program? **YES** **NO** **MAYBE**

2. Briefly describe why you are interested in the Desert Museum's Desert Rats Program.

3. What would you like to learn from this program? What would you like to get out of your experience?



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DESERT RATS PROGRAM

Parent/Guardian Form

Applicant's Name: _____ Date: _____

Parent / Guardian Name(s): _____

Address: _____

Phone: Home: _____ Cell: _____ Work: _____

Parent's Email: _____

Child's Email: _____

1. Who can we contact in case of emergency other than Parent/Guardian?

Name: _____ Phone: _____

Relationship to Desert Rat: _____

2. Does the applicant have any allergies or other special medical or physical needs?

3. May we have your permission to use photographs of your child to promote Desert Museum programs?

YES NO

4. Your child will be coming to the Museum six times over a school year.

a. Will you have reliable transportation to the Museum? YES NO

b. Are you interested in carpooling? YES NO

c. If yes, what is your closest major intersection:

d. Are you able to commit to such a program? YES NO

Please sign below to show that you have read your child's Desert Rats Registration and give your support for your child to participate in the Arizona-Sonora Desert Museum's Desert Rats Program.

Parent/Guardian Signature _____ Date: _____