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OCEAN EXPLORATION APPLICATION FORM

Please fill out the form and mail, email or fax to our office

Name: _____
Address: _____
Phone (h): _____
Phone (w): _____
Fax: _____
Email: _____
Ocean Exploration dates: _____

- \$250 deposit enclosed, or payment in full of \$609
(the remainder is due three weeks before the start date)
- I will pay by credit card (please call us with your credit card information)
- I will pay online using Paypal
- I prefer a room to myself and am willing to pay the surcharge (total \$721)
- I am travelling on my own and am willing to share a room
- I am sharing a room with: _____
- I will be bringing my own vehicle

MEDICAL INFORMATION

Medicare #: _____
Date of Birth: _____
In case of emergency, contact:
Name: _____
Phone: _____
Relationship: _____

Any medical conditions we should be aware of:

Food allergies: _____
Vegetarian: No Yes (but will eat) _____