



Adopt-A-Ship Program

Classroom/Teacher Registration Form School Year 2007-2008

Return to:
US Maritime Administration
Attn: Sharon LeGrand
Adopt-A-Ship Program
1200 New Jersey Avenue, SE, Rm-W23-459,
Washington, DC 20590

Full Name of Teacher _____

School Class Grade _____ Number of Pupils _____

Full Name of School _____

Complete School Address _____

_____ City _____ State _____ Zip _____
School Phone Number () _____ School Fax Number () _____

Your email address _____

Is this your first experience in the Adopt-A-Ship Program ___Yes ___ No

If not, do you have a preferred ship that you wish to partner with? ___Yes ___ No

Name of Ship: _____ Master's Name: _____

Name of Company: _____

Please give us the name and address of a teacher **at another school** that you think would be interested in participating in this program. _____

Comments: _____

Date: _____

Signature: _____

Print Name: _____