



# HISTORIC STRANAHAN HOUSE

MUSEUM

www.StranahanHouse.org

## PROGRAM REGISTRATION FORM

School/Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## PROGRAMS

Name of Program: \_\_\_\_\_

Date of Program: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Streaming Platform: \_\_\_\_\_

Grade/Age Level(s): \_\_\_\_\_

Number of Students: \_\_\_\_\_

Number of Classes: \_\_\_\_\_

Special Requests for Tour (Specific curriculum, special accommodations, etc.):  
\_\_\_\_\_

Please return this completed form to [education@stranahanhouse.org](mailto:education@stranahanhouse.org)

**Stranahan House Museum**  
**335 Southeast 6<sup>th</sup> Avenue Fort Lauderdale Florida 33301**  
**954-524-4736**