

OFFSITE RESERVATION FORM

Contact Information:

School Name:				
Address:				
Phone: Fax:				
Contact Person: _		Title:		
Email:	Cell Phone:			
Program Information:				
Choice of Dates:	st	2 nd	3 rd	
Impossible Days:	Desired Start Time:			
_	ould like to be	e scheduled by: (please mo	, —	
Program Type (pl	ease mark):			
Workshops	Family Science Night Live Show Telescope Science Festival			
Program Topic: _	Total # of Programs:			
Grade Level(s):	Total # of Students:			
**Plea		Educators Guide at www.osc.c ograms are subject to a \$1.50/	org for a list of Program Topics ** m <u>round-trip</u> mileage fee.	
Additional Notes/	Questions:			

Please email this form to classes@osc.org or fax to 407-514-2067.
YOUR RESERVATION IS NOT COMPLETE UNTIL YOU RECEIVE A CONFIRMATION.
A non-refundable deposit of 20% or \$50, whichever is greater, is due within 2 weeks of booking. If your deposit is not received at this time, your reservation is subject to cancellation.

All programs are subject to a 20% cancellation fee.