

## **OFFSITE RESERVATION FORM**

## **Contact Information:**

School Name:				
Address:				
Phone:	Fax:			
Contact Person:	Title:			
Email:	Cell Phone:			
		Program Infor	mation:	
Choice of Dates:	st	<b>2</b> <sup>nd</sup>		3 <sup>rd</sup>
Impossible Days: _	Desired Start Time:			
Preference you wou	ld like to be so	heduled by: (pleas	e mark one)	
Date	Availability	Program Ava	ilability <b>N</b> o	Preference
Program Type (plea	se mark):			
Workshops	Family S	cience Night	Live Show	OSC Science Festival
Program Topic:	Total # of Programs:			
Grade Level(s):	Total # of Students:			
**Please		cators Guide at www.c rams are subject to a \$		
Additional Notes/Qu	ıestions:			

Please email this form to classes@osc.org or fax to 407-514-2067.

YOUR RESERVATION IS NOT OFFICIAL UNTIL YOU RECEIVE A CONFIRMATION.

A non-refundable deposit of 20% or \$50, whichever is greater,
is due 2 weeks prior to event date.

All programs are subject to a 20% cancellation fee.