



Reservation Request Form

Gril Scout Group

miSci at Your School or Organization

Complete this form and email to reservations@miSci.org or fax to 518-382-7893.

A miSci Reservationist will call you to book your trip or outreach.

Please let us know when to call you : date: _____ time: _____

Please note: Your trip is not booked until you receive a confirmation email from miSci

MAIN CONTACT INFORMATION

Troop Number _____

Leader/ Contact Name _____

Address _____

City _____

State _____ Zip _____

Phone (____) _____

Fax (____) _____

District _____

E-mail Address _____

Grade / Scout Group _____

Number of Students Participating _____

Number of adults (including chaperones) _____

Do you have special needs students? ___Yes ___No

Is there any one in the group with food allergies ___Yes ___No

Details _____

REQUESTED PROGRAMS

Requested Program date: _____

Is there an alternate date? _____

Times available:

Monday-Sunday

3:00 PM-4:30 PM, 4:00 PM-5:30 PM,

5:00 PM-6:30 PM, 6:00 PM- 7:30 PM

*Add half an hour with planetarium show

Program:

Science and Technology Museum Patch

Planetarium show add on half hour and plus \$2 each:

1. _____

2. _____

For miSci Use

Booked

Invoice

Requesting Info

Check

Cash

Initials

miSci Promotional Photography Policy

By entering miSci's facility and/or participating in a miSci activity or event, you consent and authorize without restriction or compensation to the possible use of your and your accompanying group's image appearing in photograph, audio, video, or other formats which may be included in future media or marketing.

MAIN CONTACT INFORMATION

Troop Number/School/Organization Name

Leader/ Contact Name _____

Address _____

City _____

State _____ Zip _____

Phone (____) _____

Fax (____) _____

District _____

E-mail Address _____

Grade / Age Range _____

Number of Students Participating _____

Number of adults (including chaperones) _____

Do you have special needs students? ____ Yes ____ No

Is there any one in the group with food allergies ____ Yes ____ No

Details _____

Information if more than one group is coming for a single scout program.

MAIN CONTACT INFORMATION

Troop Number/School/Organization Name

Leader/ Contact Name _____

Address _____

City _____

State _____ Zip _____

Phone (____) _____

Fax (____) _____

District _____

E-mail Address _____

Grade / Age Range _____

Number of Students Participating _____

Number of adults (including chaperones) _____

Do you have special needs students? ____ Yes ____ No

Is there any one in the group with food allergies ____ Yes ____ No

Details _____