



SCIENCE CENTER VISIT & PROGRAM REQUEST FORM

Please fill out this form completely and email to: programs@coxsciencecenter.org

A 20% non-refundable deposit is due within 14 days of your visit. NO REFUNDS WILL BE GRANTED. You must cancel at least 24 hours before your scheduled program by phone or email to avoid a \$50 cancellation fee. This will be enforced starting 10/11/21.

Please note that your reservation date is not secured until our Group Programs Coordinator has contacted you with a confirmation/invoice.

Teacher Name: _____ Phone: _____

Preferred Email: _____

School Name: _____

School Address: _____

School Phone Number: _____ Grade Level: _____

Number of Students: _____ Number of Teachers: _____ Number of Chaperones: _____

Date of visit: _____ Arrival Time: _____ Alternative date(s) for visit: _____

Activity (choose one):

- Exploration at Science Center only
- Outreach Program at School
- Virtual/Distance Learning Program (list program(s) below)
- Exploration at Science Center and Program (list program(s) below)

Program (s) Requested:	Number of students	Grade Level

*** If you have multiple grade levels doing different programs, please specify who will be doing what above.**