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)

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<tr>
<th>Program(s) Requested:</th>
<th>Number of students</th>
<th>Grade Level</th>
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* If you have multiple grade levels doing different programs, please specify who will be doing what above.