

Challenger Space Science Center School Mission Registration Form 2002-2003

Date: _____
Time: _____
Mission: _____

Basic Information:

Teacher Name: _____ Teacher Email: _____

Teacher's Information (for summer contact):

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Principal's Name: _____ Principal Email: _____

School Name: _____ District: _____

School:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Mission Information:

Mission:

Date: _____

Time: _____

- Comet (5/6)
 Mars (7/8)
 Moon (9-12)
 E-Mission

Lunch:

(Free if reserved 1 month prior to mission)

- AM Mission Lunch-
12:30-1:00 pm
 PM Mission Lunch-
12:00-12:30 pm

Teacher Training:

Teachers must attend Teacher Training 8 weeks prior to scheduled mission.

Date: _____

- New Teacher
 Alumni (new mission)
 Alumni (same mission)

Program EVA (\$175):

In addition to your mission, students will tour the facility, see a space movie, and participate in an activity.

- Yes

Billing Information:

Deposit: _____

A non-refundable, non-negotiable deposit of \$100 per mission is due May 1, 2002. If deposit is not received, the mission date will be forfeited.

Total Amount Due: _____

Total amount due 6 weeks prior to Mission Date.

Invoice/Billing:

Person/Department/District: _____

Address: _____

City: _____ State: _____ Zip: _____

For Office Use:

Date Completed:

Date Confirmed:

Staff:

Mission: ____ / ____

