

CHRISTA McAULIFFE PLANETARIUM
SCOUT WORKSHOP
RESERVATION SHEET

Contact Name: _____

Troop Level and Number: _____
(i.e. Brownie G.S. Troop 123 or Cub Scout Pack 12, Tiger Den)

Mailing Address: _____

Telephone Number: _____

Email Address: _____

WORKSHOP REQUESTED:

Girl Scouts:

_____ Daisies & Brownies "Space Explorer"
_____ Juniors "Sky Search"
_____ Cadettes & Seniors "Space Exploration"

Boy Scouts:

_____ Astronomy Merit Badge
_____ Aviation Merit Badge
_____ Space Exploration Merit Badge

_____ Cub Scouts: Topic to be Covered:

Date Requested: _____ Time of Workshop Requested: _____
Time of Arrival: _____

If you can arrive a half hour before your workshop is scheduled, your troop can visit the exhibit area and gift shop.

Number in group:

_____ 10-20 participants \$15 per person: Adults: _____ + Children: _____ = Total
OR

_____ 21+ participants \$10 per person: Adults: _____ + Children: _____ = Total

Amount of Deposit Check Enclosed: \$ _____

Comments and Special Needs: _____

Please mail Scout Workshop Reservation Sheet with your 50% non-refundable deposit check, made payable to the Christa McAuliffe Planetarium, to 2 Institute Drive, Concord, NH 03301.