

# CHOOSE YOUR FIELD TRIP

## REUBEN H. FLEET SCIENCE CENTER RESERVATION WORKSHEET

Please complete all items before submitting

**SCHOOL SHOW\*** **\$6.00 PER PERSON**

TITLE: \_\_\_\_\_

TIME:  9:45 AM  10:45 AM

FILM ABOUT 45 MINS. LONG • CHECK-IN 30 MIN. BEFORE FILM

**WORKSHOP\*** **\$150**

TITLE: \_\_\_\_\_

TIME:  9:30 - 11:00 AM  12:00 - 1:30 PM

30 STUDENTS MAXIMUM • 90 MINS.

**FILM BUYOUT\*** **\$1,700**

TITLE: \_\_\_\_\_

TIME:  8:45 AM  9:45 AM  10:45 AM

310 PEOPLE MAXIMUM • FILM ABOUT 45 MINS. LONG

**HOME SCHOOL WORKSHOP** **\$10.00 PER STUDENT**

TITLE: \_\_\_\_\_

DATE:  OCTOBER 19  FEBRUARY 22

TIME:  9:30 - 11:00 AM  12:00 - 1:30 PM

**EXHIBIT GALLERY EXPERIENCE** **\$5.00 PER PERSON**

ARRIVAL TIME:  9:30 AM  10:00 AM  10:30 AM

11:00 AM  11:30 AM  12:00 PM

SCIENCE CENTER OPENS AT 9:30 AM

**FAMILY SCIENCE NIGHT** **\$600**

PREFERRED TIME: \_\_\_\_\_

• TIME & MILEAGE FEES MAY APPLY. ADVANCE PAYMENT REQUIRED.

• 90 MINS. PER SESSION, PLUS 45 MINS. BEFORE AND AFTER SET UP

**CHALLENGER LEARNING CENTER MISSION\*** **\$395 PER MISSION**

MISSIONS:

MICRONAUTS  VOYAGE TO MARS  RETURN TO THE MOON

TIME:  9:00 - 11:00 AM  12:00 - 2:00 PM

36 STUDENTS MAXIMUM & 8 ADULTS • 2 HRS.

**TEACHER PREP (REQUIRED)** **\$30**

DATE: \_\_\_\_\_

**OUTREACH** **\$140 SINGLE PROGRAM/\$190 DOUBLE PROGRAM**

PREFERRED TIME: \_\_\_\_\_

PROGRAM TITLE: \_\_\_\_\_

SINGLE PROGRAM  DOUBLE PROGRAM

• TIME & MILEAGE FEES MAY APPLY. ADVANCE PAYMENT REQUIRED.

• 90 MINS. PER PROGRAM. PLUS 30 MINS. BEFORE AND AFTER SET UP.

• DOUBLE PROGRAMS SAME LOCATION ONLY AND 30 MINS. IN BETWEEN.

**\*EXHIBIT GALLERY INCLUDED**

I have read and understand the information in the Educator Resource Guide.

I know it is my responsibility to familiarize myself with the Fleet policies and procedures by reading this guide and the confirmation materials.

By signing, I understand that I am bound to such policies and procedures.

Signature: \_\_\_\_\_

SUBMIT RESERVATION SHEET TO:

**E-mail: [clientservices@rhfleet.org](mailto:clientservices@rhfleet.org)**

**Fax: [619] 685-5770**

SEND CONFIRMATION TO:

[ ] \_\_\_\_\_

FAX

\_\_\_\_\_

E-MAIL

\_\_\_\_\_  
FIRST NAME (ONE NAME PER RESERVATION)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
SCHOOL/ORGANIZATION NAME

\_\_\_\_\_  
DISTRICT

\_\_\_\_\_  
SCHOOL/ORGANIZATION ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
+ 4

( ) \_\_\_\_\_ X \_\_\_\_\_  
PHONE

( ) \_\_\_\_\_  
CELL

SCHOOL/ORG. TYPE:

PUBLIC  CHARTER

PRIVATE  OTHER: \_\_\_\_\_

ARE YOU A TITLE I SCHOOL?

[ ] YES [ ] NO

\_\_\_\_\_  
NO. OF STUDENTS

\_\_\_\_\_  
GRADE LEVEL

\_\_\_\_\_  
NO. OF EDUCATORS & CHAPERONES

DOES YOUR GROUP HAVE SPECIAL NEEDS? \_\_\_\_\_

**DATE OF YOUR VISIT:** \_\_\_\_\_

**ALTERNATE DATE:** \_\_\_\_\_