



# Traveling Science Program – Family Science Night Reservation Request Form Maryland Schools Only

All reservations must be submitted at least 4 weeks in advance

School's Name \_\_\_\_\_  Public  Title I  Private

School's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

School Phone Number \_\_\_\_\_ Fax \_\_\_\_\_ Other \_\_\_\_\_

Principal's /  Assistant Principal's Name \_\_\_\_\_ Email \_\_\_\_\_

Reserved by \_\_\_\_\_ Email \_\_\_\_\_

### Programs are available Wednesday and Thursday

Select three dates      1st Choice \_\_\_/\_\_\_/\_\_\_      2nd Choice \_\_\_/\_\_\_/\_\_\_      3rd Choice \_\_\_/\_\_\_/\_\_\_

*For the location of the program, we will need access to the room 30 minutes before and after the program for setup and cleanup. Please consider travel time, our performers are not able to leave from the Maryland Science Center before 3:30pm.*

MSC Arrival Time \_\_\_\_\_ We will arrive 30 minutes prior to your program

Select your program(s) below      2-hour event      Program Location: \_\_\_\_\_

<input type="checkbox"/> <b>Family Science Night</b> 6 activities	<input type="checkbox"/> <b>Family Engineering Night</b> 6 activities	<input type="checkbox"/> <b>Add-on</b> Family Science Night 3 activities OR Family Engineering Night 3 activities	<input type="checkbox"/> <b>Family Science Night &amp; Engineering Night</b> 12 activities
Time _____:	Time _____:	Total # of Participants: _____	Time _____:
# of Participants: _____	# of Participants: _____	Grade: _____	# of Participants: _____
Grade: _____	Grade: _____	Grade: _____	Grade: _____
\$1,750 Max 500 guests	\$1,750 Max 500 guests	\$1,000 addition Max 750 guests	\$3,250 Max 1,000 guests

*A \$180 overnight fee may be charged for travel to a location more than 2.5 hours away.*

Estimated Cost: \$ \_\_\_\_\_ Payment Method  Check  Credit Card  Invoice/Purchase Order

Funds Provided by  PTA/PTO  School  Title I  Other \_\_\_\_\_

What entrance should our performers use? \_\_\_\_\_

Where should we park our Van(s)? \_\_\_\_\_

Any special instructions and/or requirements? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please submit this form by saving this filled out PDF document and emailing it to famscinight@mdsci.org.  
Please note: A reservation will be generated using this form and you will receive a confirmation/contract and requirement sheet.**