

Traveling Science Program Classroom Program Reservation Request Form

All reservations must be submitted at least 4 weeks in advance

School's Name					☐ In-State Sc	hool 🔲 Out-Of-State Sch
School's Address					DF	Public 🗆 Title I 🔲 Priv
City			State		Zip	County
						Other
☐ Principal's /☐/	Assistant Principal's	Name			Email _	
Reserved By			Email			Phone
Classes are availa	able October-Decem	ber on Fri	idays and I	February-Ju	ine on Thurs	days and Fridays.
Select three dates	s 1st Choice	_//	2n	d Choice	_//	3rd Choice / / _
School's Starting	Time:am	Ending	Time	_:pm	Program Lo	ocation:
consider travel time, of		to from the N	Naryland Scier			n for setup and cleanup. Please , if you would like multiple progran
MSC Arrival Time		We w	ill arrive 30	0 minutes p	rior to your p	program
Select your progra	am below (Each class is	45 minutes o	and a maximu	m capacity of 3	30, minimum 2 cl	asses)
☐ Solid, Liquid, SI	ime 🔲 Beyond	Building		☐ Fairy	Tale Enginee	ring
	Class #1	Class #2		Class #3		Class #4
	Time:	Time	<u>:</u>	Time:		Time:
	# of Students:	# of Student	ts:	# of Students	s:	# of Students:
	Grade:	Grade:		Grade:		Grade:
	\$435 1-2 programs	\$435 1-2 progran	ms	\$635 3 programs		\$835 4 programs
,	A \$180 overnight fee may i	be charged fo	or travel to a lo	ocation more th	han 2.5 hours aw	vay.
Funds Provided b What entrance sh Where should we	y PTA/PTO D ould our performers park our Van(s)?	School C	Title I [Other		

Please submit this form by saving this filled out PDF document and emailing it to outreach@mdsci.org.

Please note: A reservation will be generated using this form and you will receive a confirmation/contract and requirement sheet.