

Virtual Program Reservation Request Form

All reservations must be submitted at least 4 weeks in advance

☐ In-State School ☐ Out-Of-State School ☐ Public ☐ Title I ☐ Private	☐ In-S	tate Group	☐ Out-Of-State Group
Group/School's Name			
Group/School's Address			
City		=	
School Phone Number			
☐ Principal's /☐Assistant Principal's Name			
Reserved By	Email		Phone
Select three dates: 1st Choice/_	•	oice/	☐ The Sky Tonight / 3rd Choice / / Opm
Estimated Cost: \$ Paymen Funds Provided by PTA/PTO School			
All reservations must be p	oaid in full 1 week	before progra	ams are delivered.
All programs are delivered via Zoom. Do y	you have another pl	atform prefere	ence?
Please note our reservation of	office is open Tues	day-Sunday,	10am - 4pm

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

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