**Request a Theory of Flight Program Booking** (\* indicates information is required)

**Teacher Contact Name \* Teacher Contact Phone Number \* Teacher Contact Email Address \***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**School / Organization Name \***

|  |
| --- |
|  |

**School / Organization Name Address Required\***

|  |
| --- |
|  |

Street Address

|  |
| --- |
|  |

Address Line 2

|  |  |  |
| --- | --- | --- |
|  |  |  |

City / Town Province

|  |  |  |
| --- | --- | --- |
|  |  |  |

Postal Code

**School Administrator / Alternate Contact Name \***

|  |
| --- |
|  |

**Scheduling Information / Selection \***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ⃝ | Grade 6 (Six) Programming |  | ⃝ | Grade 10 (Ten) Programming |

**Please select your preferred and alternate choice of date and program type: ( First Choice and Second Choice)**

**Preferred Date 1: Preferred Time for Date 1 required:**

|  |  |  |  |
| --- | --- | --- | --- |
| mm / dd / yyyy |  | ⃝ | **Full Day: 9:30 – 2:30** |
|  |  | **⃝** | **Half Day: Morning: 9:30 – 12:00** |
|  |  | ⃝ | **Half Day: Afternoon: 12:30 – 2:30** |

**Alternate Date 2: Alternate Time for Date 2 required:**

|  |  |  |  |
| --- | --- | --- | --- |
| mm / dd / yyyy |  | ⃝ | **Full Day: 9:30 – 2:30** |
|  |  | ⃝ | **Half Day: Morning: 9:30 – 12:00** |
|  |  | ⃝ | **Half Day: Afternoon: 12:30 – 2:30** |

**Group Size:**

|  |
| --- |
| * The maximum group size is 35 students per tour.
* Museum policy is a minimum ratio of 1:10 adult supervisors to students.
* Adult supervisors can be parents, counselors or education aides.
* Special needs students and mobility accommodations, please advise in special requests
 |

**Number of students expected to attend (required) Number of adult supervisors attending (required)**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Special Requests:**

|  |
| --- |
|  |

I have read and understand the Program Policies, Code of Conduct and Museum Manners and confirm I am in agreement.