



Family Science Night at the Smithsonian's National Air and Space Museum

RESERVATION FORM

**Please answer all questions - continue on another sheet if necessary
Complete and send electronically to stacyhamel@ncesse.org**

1. Program Liaison:

Name: _____ Position: _____
Email: _____
Address: _____
Phone #(day): _____ FAX: _____ Phone #(evening): _____

2. Participating School Information:

School #1 Name: _____
Address: _____
School District: _____
Name of Contact: _____ Position: _____
Email: _____
Phone #(day): _____ FAX: _____ Phone #(evening): _____
Percent of student population on reduced or free lunch: _____
Percent of student population reflecting minority groups: _____
Grade level(s) participating: _____

School #2 Name: _____
Address: _____
School District: _____
Name of Contact: _____ Position: _____
Email: _____
Phone #(day): _____ FAX: _____ Phone #(evening): _____
Percent of student population on reduced or free lunch: _____
Percent of student population reflecting minority groups: _____
Grade level(s) participating: _____

School #3 Name: _____
Address: _____
School District: _____
Name of Contact: _____ Position: _____
Email: _____
Phone #(day): _____ FAX: _____ Phone #(evening): _____
Percent of student population on reduced or free lunch: _____
Percent of student population reflecting minority groups: _____
Grade level(s) participating: _____

3. Program Information:

1st Choice date requested: _____ 2nd choice date requested: _____

- Film Selection (check one):
- Magnificent Desolation 3D
 - Blue Planet
 - To Fly
 - The Dream Is Alive
 - Destiny In Space
 - Hubble 3D
 - Cosmic Voyage
 - Space Station 3D
 - 3D Sun
 - Space Junk 3D

- Presentation Selection:
(check one)
- A Voyage that Will Forever Change Your Perspective of Home
 - A Picture's Worth a Thousand Words
 - The Art of Science
 - Human Exploration—the Journey Continues
 - How Big is Big?
 - ASTEROID!
 - 50 of Your Very Own
 - Saying Hi to E.T. on a Planet Far, Far Away
 - An Expedition to the Top of the World

4. Audience Information:

a. Estimate number of participants (maximum total capacity 480; NOTE: with 3D films “the maximum capacity is 400)

students: _____ family members: _____ educators: _____

b. Is English a second language for a significant number of families? yes no

If yes: please approximate percentage of families this affects and list the primary language(s).

c. Are there any special needs for members of the audience? yes no

If yes: please explain: _____

d. Would you like a customized invitation? yes no

If yes: name(s) and title(s) of school official(s) to be on invitation (maximum of 2 per school):

permission slips to be returned by: _____

other changes? _____
