



# Connecticut Science Center Group Reservation Request Worksheet

Please visit our website at [www.CTScienceCenter.org](http://www.CTScienceCenter.org) for complete information on your visit.  
QUESTIONS? Please call 860-520-2150 or email at: [Reservations@CTScienceCenter.org](mailto:Reservations@CTScienceCenter.org)

TODAY'S DATE \_\_\_\_\_ (mm/dd/yyyy)

## SECTION 1 GROUP CONTACT INFORMATION

Please identify the individual who will serve as the main contact for this reservation:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Is this individual the group leader?  Yes  No

I am NOT the group leader, I am the \_\_\_\_\_

Phone # 1 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (required) Phone # 2 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ (required)

Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## SECTION 2 ORGANIZATION INFORMATION

Organization/Group Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Organization/Group Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Check all that apply:  
Our group is a

Boy/Girl Scouts  Adult Group  Commercial Group

Boys and Girls Club  College  Youth Group

## SECTION 3 YOUR VISIT

Date your group would like to visit CSC:

\_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_ (Day, mm/dd/yyyy)

If that date is unavailable, your 2nd and 3rd choices are:

\_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_ (Day, mm/dd/yyyy)

or \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_ (Day, mm/dd/yyyy)

We will make every effort to book your first choice if available; however, cannot guarantee that date.

SECTION 4  
YOUR VISIT

Your group will be coming with:

\_\_\_\_\_ and \_\_\_\_\_  
( # of Youth, ages 3-17 ) ( # of adults )

For Youth Groups

CSC requires adequate adult supervision for all visiting youth groups. We strongly recommend a ratio of 1 chaperone for every 8 minors. The cost of one chaperone for every 8 youth is automatically built into your reservation.

SECTION 5  
ARRIVAL AND DEPARTURE

Preferred Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_  
(arrival and departure times bevery 30 min. between 9:00 a.m. and 5:00 p.m.)

Will your group be arriving in buses?  Yes  No If yes, how many? \_\_\_\_\_

Will your group be arriving in cars?  Yes  No If yes, how many? \_\_\_\_\_

For Parking Options and information visit: [www.ctsciencecenter.org/parking](http://www.ctsciencecenter.org/parking)

SECTION 6  
WHAT WOULD YOUR GROUP LIKE TO DO WHEN VISITING THE SCIENCE CENTER?

While at the Science Center my entire group would like to  
(I've checked all that apply to my group below):

Have General Admission to the Exhibits

See the Movie: \_\_\_\_\_  
(select movie title from Movie List. Please, check the listing on our website)

SECTION 7

DOES YOUR GROUP HAVE ANY SPECIAL NEEDS/REQUESTS THAT CSC SHOULD BE AWARE OF?

\_\_\_\_\_

SECTION 8  
PAYMENT METHOD FOR YOUR GROUP

I will be paying by:  Credit Card

Business or Organization Check at least 30 days before our visit to CSC

Thank You for requesting a group visit to the CT Science Center!  
Please Email this completed form to [reservations@CTSciencecenter.org](mailto:reservations@CTSciencecenter.org) or fax it to  
(860) 727-8871 to continue the process.

Your Reservations Specialist will contact you within 48 business hours and continue working on the details of your group visit with you.