



# Connecticut Science Center Outreach Request Worksheet

Thank You for requesting an Outreach program from the CT Science Center! Please email this completed form to **Outreach@CTScienceCenter.org** or fax it to (860) 727-9821 to continue the process. The Outreach Manager will contact you within 48 business hours and continue working with you on the details of your Outreach visit.

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 \_\_\_\_\_

I am the group Teacher/Director.  Yes  No, I am the \_\_\_\_\_

Phone # 1 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (required)  Home  Work  Cell

Phone # 2 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Home  Work  Cell

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

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

## SECTION 2 ORGANIZATION CONTACT INFORMATION

School/ Organization Name \_\_\_\_\_

School/ Organization Mailing Address \_\_\_\_\_

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

Organization Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Age/ Grade Level of your Group's Participants \_\_\_\_\_ (K-12)

Type of Organization:  Public School  Magnet School  Home School

Scouts

Private / Parochial

Corporate Group

Youth Group

Votech

## SECTION 3 YOUR EVENT

Date your group would like to schedule an Outreach event:

\_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_ (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, we cannot guarantee that date.

SECTION 4  
WORKSHOPS

For the workshops the Science Center allows a maximum of 25 participants per session.

Workshop Title: \_\_\_\_\_

# of Participants \_\_\_\_\_ # of Workshops needed \_\_\_\_\_

Preferred Times of Workshops 1# \_\_\_\_\_ 2# \_\_\_\_\_ 3# \_\_\_\_\_ 4# \_\_\_\_\_

Please Note: Workshops require tables and chairs, access to water and/or electricity and 15 minutes for set up & clean up. Travel charges apply.

SECTION 5  
ACTIVITY STATIONS

Activity Stations are available for 90-100 participants/ per hour

Name of Activity Station: \_\_\_\_\_

Electricity     Hovercraft     Air Pressure     V V Beads  
 Dry Ice     Polymers     Bubbles

Preferred Times of Workshops 1# \_\_\_\_\_ 2# \_\_\_\_\_ 3# \_\_\_\_\_ 4# \_\_\_\_\_

Please Note: Activity stations require a table for each station and 15 minutes for set up and clean up.

SECTION 6  
ASSEMBLY SHOW

"Science of Suds": Science behind bubbles

# of Children \_\_\_\_\_ # of Adults \_\_\_\_\_ # of Assembly(s) \_\_\_\_\_

Preferred Times of Assembly(s) 1# \_\_\_\_\_ 2# \_\_\_\_\_ 3# \_\_\_\_\_

Room Assembly (or Assemblies) will be in: \_\_\_\_\_

Stage:  Yes  No

Please Note: Assemblies require a table/ access to water and/ or electricity and 30 minutes for set up and clean up.

SECTION 7  
PAYMENT METHOD  
FOR YOUR GROUP

I will be paying by:

Credit Card     Business or Organization Check

By checking one of the options above I agree to submit full payment at least 30 days before our Science Center Outreach event.

Purchase Orders can be used to hold your reservation, but full payments must be received days before your visit.

SECTION 8  
MORE INFORMATION

The Science Center periodically sends mail and email communications about our many exciting programs.

Check here if you prefer not to receive those communications

How did you hear about Science in Motion?

Email     Newspaper     Website     Flyer  
 Friend     Other \_\_\_\_\_