



## Group Visit Reservations 2010-2011

### 1. Contact Information:

Name:	Email:
Street:	City / State / Zip:
Phone Number:	Other Phone Number:
Fax Number:	

### 2. Group / School Name:

### 3. Age / Grade of Students:

### 4. Number of Children / Students (groups discount rate for groups of 10 or more):

### 5. Number of Adults / Teachers (CMSC requires 1 adult for every 10 students and are admitted fee):

### 6. Preferred Visit Date (first choice):

Month:	Day:	Year:
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### 7. Preferred Visit Date (second choice):

Month:	Day:	Year:
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### 8. Preferred Visit Date (third choice):

Month:	Day:	Year:
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### 9. Planned Arrival Time (CMSC opens at 10:00):

### 10. Trip Information:

Fee Per Student: \$3.00	X	# of Students:	=	\$
Challenger Learning Center: \$350.00	X	# of Missions:	=	\$

Total Amount Due:	\$
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### 11. Payment Method:

Check One:

Cash

Check

(Please make checks payable to "Columbia Memorial Space Center")

Credit / Debit

(Circle One: Discover MasterCard Visa )

Card Number:	Expiration Date:
Name on Card:	Signature:

#### **Cancellation and Refund Policy:**

There is a \$25.00 non-refundable fee for all group reservations. The deposit will be applied towards the total cost of the program. The deposit must be paid at least 30 days prior to the field trip date. If booking a reservation less than 30 days in advance, the booking fee is due immediately. Any unpaid fees are due upon arrival at the Columbia Memorial Space Center on the date of your reserved trip.

Final headcount must be given 7 days prior to the date of your visit. Should your headcount change, please contact us at (562) 231-1200 with your changes. If fewer individuals in your group arrive on your visit date, the group will be responsible for payment of all reserved tickets. If you arrive with more individuals than you reserved, your group space is not guaranteed.

Cancellation and rescheduling must be made by calling (562) 231-1200. Trips must be cancelled and / or rescheduled 7 days prior to your visit. Cancelled trips paid in full will be refunded (less the deposit). Without 7 days notice of cancellation or rescheduling, your group will be charged the full cost of the reserved trip.

#### **I have read the above policy:**

Teacher Name:	Signature:
Principal Name (for schools only):	Signature:

**Please Mail Completed Form plus \$25 Deposit to:**

Columbia Memorial Space Center  
 Group Reservations  
 12400 Columbia Way  
 Downey, CA 90242

562-231-1200 (office)  
 562-231-1206 (fax)