

Science Snoozeum Reservation Form



Please complete this two-sided form and return with payment to:

**Museum of Science and Industry,
Attn: Science Snoozeum,
57th and Lake Shore Drive,
Chicago, IL 60637-2093**

or FAX to (773) 947-4173

Group Leader's Name: _____

Group Level (Brownies, Webelos, Indian Guides, etc.)

Council Name: _____

Street Address: _____

City, State, Zip: _____

Daytime Phone _____

E-Mail: _____

My group consist of (circle one): ____ all girls ____ all boys ____ boys and girls

Group Numbers: # boys _____ # girls _____

The grade level of my group is: ____ 1-3 ____ 4-6 ____ 7-8

We will be arriving by: ____ Car(s) ____ Bus ____ Other(please specify) _____

I heard about the Snoozeum via: ____ MSI ____ MSI's website ____ Friend ____ Council ____ Other _____

Our group has the following special needs _____

Adult Chaperones: _____

Children (ages 7-12): _____

Calculate total cost below:

Total Number of Participants ____ x \$45 = \$ _____ for April 18, 2008

Total Number of Participants ____ x \$45 = \$ _____ for November 25, 200

Total Amount Due \$ _____

Total Amount Enclosed (at least 30% deposit) \$ _____

Remaining Balance (due 4 weeks before event date) \$ _____

Requested Snoozeum Date (please check one):

Form of Payment

_____ Enclosed is a check made out to the Museum of Science and Industry

_____ Please charge my credit card:

_____ American Express

_____ Diners Club

_____ Discover

_____ MasterCard

_____ Visa

Account Number: _____

Expiration Date: _____

Signature: _____

_____ My initials here authorize the Museum of Science and Industry to charge the remaining balance four weeks in advance of the event date.

Please make sure that you have read the Payment and Cancellation Policy/Group Leader Contract .

We look forward to your participation at the Snoozeum!