



SLEEPOVER RESERVATION REQUEST FORM

October 2009-September 2010

Four ways to request a reservation:

- **FAX** this completed form to 214.428.4310
- **CALL** 214.428.5555, ext. 1346 / Sleepover Coordinator (Monday through Friday)
- **EMAIL** mhagenah@natureandscience.org
- **MAIL** this completed form to: Museum of Nature & Science, P.O. Box 151469, Dallas, TX 75315-1469

Completion of this request form does NOT guarantee a reservation. Confirmation will be emailed.

Group name (school, troop #) _____

Group leader _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone (home) _____ (work) _____ (cell) _____

Email _____ Fax _____

Sleepover Night Preference:

1st choice _____ 2nd choice _____ 3rd choice _____

of children by age: ___ 6yrs ___ 7yrs ___ 8 yrs ___ 9yrs ___ 10yrs ___ 11 yrs ___ 12yrs ___ 13yrs

Attendance: One adult for every four children is recommended, although additional chaperones are welcome.

_____ **Children (6-13 years old)** X \$35 each = \$ _____

_____ **Adult chaperones** X \$20 each = \$ _____

Total balance due \$ _____

DEPOSIT: A **non-refundable** deposit is due within 10 days of making your reservation (and no later than 5 weeks before the Sleepover night). If the full balance is less than \$500, the deposit is \$50; and if the full balance is more than \$500, the deposit is \$100. Additional information and forms will arrive with your invoice. Your reservation will be cancelled if your deposit/payment is not received by the due date.

FINAL PAYMENT: The remaining balance (ONE final payment per Group, not multiple checks) is due 3 weeks before your sleepover date, along with the names of all participants and the required medical release forms. The Museum of Nature & Science reserves the right to cancel any program if the minimum number of students is not met three weeks prior to the program date. Deposits will be refunded if other arrangements cannot be made.

Check enclosed for the amount of \$ _____, made payable to the Museum of Nature & Science.

Credit card payment \$ _____ Expiration date _____ Security Code _____ Billing ZIP _____

Name on card _____

Card # _____

OFFICE USE

Reservation#:	Deposit amount:	Final payment amount:
Patron ID #:	Method:	Method:
Date entered:	Payment date:	Payment date: