



REGISTRATION/Confirmation FORM

Contact Name: _____ District: _____
 School Name: _____ School Phone: _____
 School Address: _____ School Fax: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Grade(s): _____

Total Number of Students From This School That Will Participate in Simulations: _____

Number of Groups That Will Participate in Simulations (no more than 32 students per group): _____

Flight Dates:

Date:	9am		9am
	12pm		12pm
	9am		9am
	12pm		12pm
	9am		9am
	12pm		12pm
	9am		9am
	12pm		12pm

Teacher Training Program: (see www.clcofme.org for schedule)

Rendezvous with a Comet training is **REQUIRED** for all teachers 4-6 weeks prior to mission date.

Teacher	Date	Teacher	Date

Billing:

Participants	Cost	Total
# of student groups:	x \$600	
School name:	Check # _____ PO# _____	

Full payment due upon completion of teacher training.

I understand that the registration fee is nonrefundable if I cancel a mission less than 2 weeks prior to scheduled date.

Principal signature

printed name

Please send this completed registration form to:
CHALLENGER LEARNING CENTER OF MAINE
 30 Cleveland St.
 Bangor, Maine 04402
 207-990-2900 Fax 990-2040
 Or register online at www.clcofme.org