



_____ Mission Registration Form

Contact Name:	District:
School:	School Phone:
School Address:	School Fax:
City:	State: Zip:
Email:	Grade(s):
Total number of <i>students</i> who will participate in simulations:	
Number of missions (no more than 32 students per mission):	

Mission Dates:			
Date:	9 a.m.		9 a.m.
	12 p.m.		12 p.m.
	9 a.m.		9 a.m.
	12 p.m.		12 p.m.

Teacher Training: (see www.CLCofME.org for schedule)
Rendezvous with a Comet and *Encounter Earth* training is **REQUIRED** for all teachers at least 3-6 weeks prior to mission date.

Teacher	Date	Teacher	Date

Billing:		
Program	Cost	Subtotal
# of Missions:	\$600	
Extra activity:		
Other:		
	Total	
School Name:	Check #	PO #
External funding sources: (for our records, please indicate any grants or other funding sources you will be applying towards your mission fees)		
Source:	Amount:	

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:
 CLC of ME 30 Venture Way Bangor, ME 04401 Fax: (207) 990-2040 Ph: 990-2900