

**Challenger Learning Center
Second Saturday Space Missions
10am – 12pm
REGISTRATION FORM**

Today's Date: _____

Requested Mission Date:

June 12, 2010 July 10, 2010 Aug. 14, 2010
 Sept. 11, 2010 Oct. 9, 2010 Nov. 13, 2010

E- Mail Address: _____

Home phone: _____

Mobile phone: _____

Name & Age (minimum age to participate is 9 yrs):

Participant 1: _____	_____	_____	_____
	Last Name	First Name / Nickname	Age
Participant 2: _____	_____	_____	_____
	Last Name	First Name / Nickname	Age
Participant 3: _____	_____	_____	_____
	Last Name	First Name / Nickname	Age
Participant 4: _____	_____	_____	_____
	Last Name	First Name / Nickname	Age

METHOD OF PAYMENT

Mission Fee per person is \$10 for CLC Members and \$15 for non-members. A \$5 per person minimum deposit is required for advance registration.

Amount paying (\$5 minimum per person required for registration): \$ _____

Check #: _____

Make check payable to *Challenger Learning Center of Tallahassee.*

Credit Card: VISA Master Card

Credit Card #: _____

Expiration Date: _____

Name on Card: _____

Amount to be charged: _____

Please do not send credit card information via e-mail.

SIGNATURE: _____

How did you hear about Saturday Space Missions? Please check all that apply.

Radio Ad Newspaper Internet Search

Direct Email Friend/Relative CLC Member

Other, *please specify:* _____

Please mail, drop off or fax your registration form to:

Challenger Learning Center of Tallahassee

200 South Duval Street

Tallahassee, FL 32301

FAX: (850) 645 – 7784

Questions?

Call 645-7777 or e-mail sgiebeig@challengertlh.com