

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

Today's Date: _____

Requested Mission Date:

Feb. 12, 2011 Mar. 12, 2011 Apr. 9, 2011 May 11, 2011
 Jun. 9, 2011 Jul. 9, 2011 Aug. 13, 2011 Sept. 10, 2011
 Oct. 8, 2011 Nov. 12, 2011 Dec. 10, 2011

E- Mail Address: _____

Home phone: _____

Mobile phone: _____

Name & Age (minimum age to participate is 9 yrs, except Mininauts Missions):

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 ebrown@challengertlh.com