## Bradbury Science Museum's 2008-2009 Science on Wheels Application Form

For other details about the program please read the brochure or go to http://www.lanl.gov/museum/wheelsregistration.shtml.

## Dates to remember:

September 5: Applications MUST be received by the museum. September 8: Confirmation letters and information packets will be mailed this week.
September 19: Schools MUST confirm the scheduled visit date by phone or email (505-606-1492 or edu-bsm@lanl.gov).
Failure to confirm the visit date may result in a cancellation.

## How to apply:

1. Assemble a group of teachers who would like to have the same program. Plan for a minimum of four and a maximum of six classes.
2. Choose a coordinator to complete this application with the requested information. Submit only one application for each group of interested teachers.
3. Make yourself a copy of the application before you send it.
4. Fold the application in half so that our address on the other side is facing out. Remember to include the completed SOW Agreement! Tape the edges of the form together securely, stamp it, and mail it in time to be received by the museum by September 5 .

## Contact information

| Coordinator's Name |  |
| :--- | :--- | :--- |
| Name of School |  |
| Mailing Address <br> (Home or school) |  |
| Phone \# (school) |  |
| Phone \# (cell) |  |
| Phone \# (home) |  |
| Fax \# (school) |  |
| Coordinator's email |  |

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## Tell us which program you would like to have visit:

| First choice- | Please choose one.... |
| :--- | :--- |
| Second choice- | Please choose one.... |

## List possible dates of requested visit:

Highlight on the calendar below ALL acceptable dates (ONLY Monday, Tuesday, and Thursday) for a Science on Wheels visit. The more flexible you are about the dates requested, the more likely you are to receive a program. Remember to exclude any school holidays, testing periods, etc when you are suggesting dates. It is difficult for us to reschedule school visits.


Tell us the plan for the visit (4-6 classes):

|  | eacher's Name | Grade | $\begin{gathered} \text { \# of } \\ \text { students } \end{gathered}$ |
| :---: | :---: | :---: | :---: |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

To submit this application:

1. Complete the form.
2. Click the SUBMIT button below AND
3. Send the resulting email (the application will be attached).

## SUBMIT

Reset form


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[^0]:    For Official Use Only--
    Visit date:
    Program:

