



(207) 990-2900 / clcofme.org

Mission: _____

1. Contact Information:

School/Organization _____
 Billing/Mailing Address _____
 City/State/Zip _____
 Phone _____ Fax _____
 Contact Name _____ Position _____
 Email _____@_____

2. Mission Information:

Total # of Students participating in simulations _____ Grade(s) _____
 Teachers/Chaperones _____
 Number of Missions ____ (limited to 32 students per mission)

3. Mission Dates:

Missions scheduled Sept – Feb may start at any time.
 Missions scheduled Mar – June must start at or before 9:00 AM and/or after 12:00 PM, unless booking two (or more) missions on the same day. Missions run 2.5 hours each, plus 1/2 hour needed between missions (for two or more).

Date: ___/___/___ Mission 1: Start time ___ : ___ Mission 2: Start time ___ : ___
 Date: ___/___/___ Mission 1: Start time ___ : ___ Mission 2: Start time ___ : ___
 Date: ___/___/___ Mission 1: Start time ___ : ___ Mission 2: Start time ___ : ___
 Date: ___/___/___ Mission 1: Start time ___ : ___ Mission 2: Start time ___ : ___

(Complete as many as needed)

4. Teacher Prep:

Teacher prep is required for all new mission teachers should take place at least 3 weeks prior to mission date. Visit www.clcofme.org/calendar for schedule of teacher prep workshops.

Teacher _____ Date _____ Teacher _____ Date _____

5. Billing (complete those items that apply) :		
<u>Program</u>		<u>Totals</u>
___ # missions	___ x \$625	= \$ _____
___ # science modules	___ x \$200	= \$ _____
___ Pre- or Post-Mission Classroom		
Visit (first classroom)	___ x \$200	= \$ _____
Each additional classroom	___ x \$50	= \$ _____
RT Mileage from Bangor	___ x \$0.48	= \$ _____
Sub-Total		= \$ _____
Less external funding (grants, etc)	- (\$ _____)	
Source _____		
BALANCE DUE		\$ _____

Cancellation policy:

30 days advance notice required without penalty. Full amount will be due if mission is cancelled within 30 days of scheduled date.

I acknowledge and accept the terms of this agreement.

Principal signature

Printed

Date

Please send completed registration with payment to:
 Challenger Learning Center of Maine / 30 Venture Way / Bangor, ME 04401

Office use only
 Check # _____ PO # _____