

BOOK A SUMMER GROUP VISIT TO SCI

Review all steps that apply to your visit on this form, and return to SCI's Sales Office at least 2 weeks prior to your visit.

SCIENCE PHONE: 515-274-6868 ext. 222 CENTER EMAIL: sales@sciowa.org OF IOWA WEB: sciowa.org/schoolvisits

& BLANK IMAX° DOME THEATER

| 1. GROUP INFORMATION School/Group Name: | | | Grade(s): | |
|--|-----------------------------------|-----------------|---|-----|
| Contact Name: | School District: | | | |
| Address: | City, State, Zip: | | | |
| Email: | Phone: | | | |
| 2. VISIT INFORMATION | | | | |
| Preferred Date of Visit: | Day of Visit (select one) | | Timeslot (select one) | |
| Unique or Special Accommodations: | Wednesday | | ☐ 9:00 am-12:00 pm ☐ 1:00-4:00 pm | |
| 3. NUMBER OF PARTICIPANTS | | | | |
| | STUDENT | QTY | CHAPERONE 1:10 ratio of chaperones to student required. | QTY |
| Standard Visit: SCI Experience Platforms | \$6.50 | | FREE | |
| | Additional Adults payir | ng for themsel | ves at the Box Office: _ | |
| 4. PROGRAMMING & LUNCH SPACE Programming: Theater space for programming is limited to ensure a program is offered or whether your group will attend public programmic Lunch Space: The Food Chain Café is currently closed and no caterolimited to outdoor seating. SCI will strive to accommodate indoor seating. My group needs a lunch space to eat at SCI: Yes No | ing ed food options are availa | able. Space for | • | |
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5. CONFIRMATION AND PAYMENTS

Your visit is confirmed when you have received a confirmation email from SCI. Group visit payments must be completed in one transaction with one form of payment. Individuals paying separately will be charged full general admission pricing. SCI accepts cash, checks and credit cards.