

GIRL SCOUTS



**STRATEGIC
AIR & SPACE
MUSEUM**



Please complete and return this form to secure a spot for the overnight. Thereafter you will receive an invoice for the final balance. Please pay the amount as seen on the invoice. The balance is due no later than 1 week prior to the overnight date.

Today's Date _____

**Zach Willet
Strategic Air & Space Museum
Education Department
28210 West Park Highway
Ashland, NE 68003**

Overnight date: _____

Name of Organization: _____

Note: Please be as exact as possible when filling out the number of youth and adult leaders in your group.

Number of youth: _____ **Number of adult chaperones:** _____

Age level of your group (Circle One) Ages 6-8 Ages 9-11 Ages 12-14

Please choose your group type:

Daisies

Brownies

Juniors

Cadettes

Please indicate any special needs during the overnight; food allergies, etc:

The following individual will be our group leader during the overnight:

Name: _____

(This will be the name we identify your group by)

Address: _____

City/State/Zip: _____

Telephone: (Hm.) _____ **(Wk.)** _____

Email: _____

Amount Enclosed: _____

Check out our website for more information @ www.SASMuseum.com/education