



STRATEGIC
AIR & SPACE
MUSEUM

Please return this form along with \$100.00 as a non-refundable deposit.
The remaining balance of your overnight is due upon arrival. Adjustments
to the numbers can be made up until one week prior to the Overnight date.
After that date only adjustments of 1-2 people will be made.

Today's Date _____

Aimee Johns
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: _____

Group type: (Circle One) Female Male Co-ed

Age level of your group (Circle One) Ages 6-11 Ages 12-15 Ages 16-18

Please choose your group type:

School Girl Scouts Boy Scouts Church General

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