

Eastern Iowa Observatory and Learning Center Cedar Amateur Astronomers www.cedar-astronomers.org **Group Visitor Reservation Form**

GROUP NAME:

Club or Organization, Grade Level of School Group, Ages, Other Useful Information

SPONSORING ORGANIZATION:

Business, Social Organization, School, Church etc. if applicable

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CONTACT PERSON:			
Please complete information below	w and insert (P) for preferred	l method of contac	et.
EMAIL ADDRESS: ()		_ CELL: ()	
Home Phone: ()	W	Vork Phone: ()	
MAILING ADDRESS: () Numbe	r & Street		
City, St	ate & Zip Code – to be used	for correspondenc	ce related to visit
PRIMARY DATE REQUESTED:		Start Time:	End Time:
Should be at least four weeks from today's	date, unless there has been p	rior discussion for	r earlier date
ALTERNATE DATE REQUESTED	:	Start Time:	End Time:
In the event the requested date is already a	reserved or unavailable due i	to an Observatory	Event.
ESTIMATED NUMBER OF VISITO	ORS:		
Children under age 18:		Total i	in Group:
<u> </u>	Suggested minimum of		
TABLE/CHAIR ARRANGEMENTS	S: (To handle number of v	visitors indicated	above)
☐ Tables/chairs facing speaker (D ☐ Chairs only, facing speaker (D ☐ Other arrangement as discussed	Default set-up for 73 or more)		
PROGRAM/SPEAKER AND SPEC	IAL REQUESTS		
 Request Typical CAA Program No Main CAA Speaker, but CA Other Special Requests as Disc 	AA Introduction, Tour, Obser ussed	-	c or Project, Special interests, etc
NOTE: Programs will include a tour of the cooperates. Length of visits varies depending			
FOOD: (All food must be arranged for	by visiting group)		
\Box None planned \Box Sna	acks only 🛛 Cate	ered Meal	□ Other:
FEES: (\$2 per visitor minimum)			

 \Box Full fee sent to: CAA, PO Box 10786, Cedar Rapids, IA 52410

□ Reservation fee of \$30 sent to above address, balance due at event

□ Other arrangements made_