

World Space Week

Reservation Form

Name: _____

Phone Number: _____

Please circle which day you will be attending

Monday (Oct. 4) Tuesday (Oct. 5)

Wednesday (Oct. 6) Thursday (Oct. 7)

Please indicate how many people will be attending: _____

Cost = \$2.00 per person Total Cost: _____

Please indicate method of payment:

Cash Check Pay at the door

All checks should be made out to:

Highlands School District

Reservation Forms and Payment should be sent to:

Carol Fraser

c/o Fairmount Elementary School