



Application Form

Name: _____

School/ Organization: _____

Position: (teacher/parent/PCNC?) _____

Email Address: _____

Contact Phone number: _____

School Address: _____

Administrator's support

I support the participation of _____ in Family Astro.

This support includes planning time for Family Astro events and permission for a place and time to hold these events after hours.

Principal or Administrator's Signature: _____

Printed Name: _____ Title: _____

School/Organization: _____

Please fax completed form to Gemini Observatory: 974-2589

For more information contact:

Janice Harvey jharvey@gemini.edu 974-2603

Christine Copes ccopes@gemini.edu 974-2531