Group Admission Request Form



Please use this form if you are:

Non-School Group or

	or School Groust be submitted at lea		d /holiday July 1, 2024 - June 30, 2 ce	(025)
Please select one	[] In-State Group	[] Out of State Gro	qu	
Group Name				
			Zip	
County (required fo	r all Maryland Group	s)		
Phone		- ax	Other	
		Email		
GroupLeader				
			3rd Choice//_ nilable)	
MSC Operating Hoo Tuesday - Thursday Saturday & Sunday Group Rates	10am - 4pm	[] Exhibits Only	[] Exhibits/IMAX Combo	[] IMAX Only
aroup Rates		[] Eximons only	[] Exhibits/fw///Combo	i iwi, ox omy
# Of Adults (ages 13		\$28.95		\$11
# Of Children (ages # Of Seniors (ages 6		\$20.95 \$27.95	\$25.95 \$32.95	\$11 \$11
# Of Selliots (ages (,,,,	Ş21.33	\$32.33	۱۱۲
IMAX Prices are for	Documentary Films C	Only		
Is there a specific film you would like? $_$			Time	
Select your entry tir No 10:30am or 11:00	visit the Kids Room? ne: 10:30[] 11:00[] 1 Dam slots Thursdays en (Entry is restricted		[] 1:30[] 2:00[] # of Children	
Estimated cost: \$	Payment	Method: []Check []Cr	edit Card []Purchase Order (N	/ID schools only)
Please submit this f	orm by saving this fil	led out PDF docume	nt and emailing it to fieldtrips	@mdsci.org.

Please note: This is not a reservation! A reservation confirmation will be generated using this form





