

Discovery Labs on Wheels

Interest Form

Please fill out and return to Rebecca Reed by fax at 817-255-9519 or by email at rreed@fwmsm.org.
Once we receive your interest form we will contact you about booking your program.

School/Center Name: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

What Program are you interested in? _____

Grade Level _____ Number of Classes _____

Would you like to request a bilingual instructor for your program (limited availability) _____

Dates _____

1st Choice: _____

2nd Choice: _____

Proposed Schedule (First program of each day cannot start prior to 8:30 a.m. to allow for set-up time)

Special Instructions Is there something special about your school or facility that we should know prior to arriving? (Parking, loading area, main office location, etc) _____



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SCIENCE AND HISTORY