



Telescope Class Registration

Date: Saturday, December 6, 2008

Time: 8:30 AM – 5:00 PM

Place: Fort Worth Museum of Science and History

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL _____

Complete all information. Mail this form with personal check or credit card information to:

**Fort Worth Museum of Science and History
Attention: Linda Krouse, Noble Planetarium
1501 Montgomery Street
Fort Worth, Texas 76107-3079**

PAYMENT METHOD (check one): **Personal Check** _____ **Credit Card** _____

MAKE **CHECKS** PAYABLE TO: "Ft. Worth Museum of Science & History".

To pay by **CREDIT CARD (circle one)**: Discover MasterCard Visa AMEX

Amount (check one): _____ \$185.00 for a 4-1/2" telescope

_____ \$275.00 for a 6" telescope

_____ \$415.00 for 8" telescope (limited number available)

Account # _____

Expiration Date _____ 3-Digit Code from Back of Card: _____

Name on card _____

Signature _____

Special Needs If enrollment is for a person with special needs please list needs here:
