Office Use Only Ref. #

ONTARIO SCIENCE CENTRE An agency of the Government of Ontario

CANADIAN SCHOOL VISIT

APPLICATION FORM 2019-2020

School Phone Number ()	FICE NUMBER	School Fax Number() NREA CODE	MAIN OFFICE NUMBER
School Name				
School Address				
City	Province		_ Postal Co	de
Contact Name				
Email				
No. of Students No. of Supervisors Grade Level				
Arrival Time Departure Time				
Date of Visit / / / YEAR Date of FIRST CHOICE	Visit / / / / YEAR SECOND CHOICE	Orientation Dat		
Type of Visit (Check one only) Exhibit Hall (self-guided) only Exhibit Hall with IMAX Film(s) Exhibit Hall with School Program(s) Exhibit Hall with School Program(s) & IMAX Film(s)				
Choice of School Program / IMAX Films 1)				
and or 2)				
and or 3)				
Special Needs / Additional Comments				
Please provide information about any special needs or requirements (e.g. School Program to be delivered in French, students with physical disabilities, students with intellectual disabilities, number of wheelchairs, number of support persons accompanying students with disabilities, gifted etc.).				
Book Online: OntarioScienceCentre.ca	CANCELLATION / MOI The full cost of your visit confirmation will be char	DIFICATION POLICY as shown on your ged upon arrival	All progra subject to Group rat	ams, films, prices and policies are o change without notice. School tes are already discounted. No
E-mail to: SchoolBookings@OntarioScienceCentre.ca	unless you notify Schoo or telephone of any cha decreases in numbers	nges, increases or by 4 p.m. on the	additional discounts	l coupons, passes, or membership : apply.
Fax to: 416-696-3226	Wednesday of the wee	<u>k prior</u> to the date		

of your visit.