

Challenger Learning Center

of The Twin Tier Region

<u>Director</u>; Reann Ehman Phone: (716) 379-8686 <u>Director@ChallengerTwinTiers.org</u> Fax: (716) 379-8687



Mission and EVAs Registration

(Middle School Grades 5 and up)

| Email address: | | | |
|--|--|--|--|
| Simulated (2-hour) Missions: | | | |
| 50 rt of | | | |
| | | | |
| 50 | | | |
| s on id is with e | | | |
| | | | |
| EVA(s) (<i>Extra Venue Activity</i>) are 2-hour hands on, STEM activities all tied to Next Generation Science Standards | | | |
| | | | |
| | | | |
| Please plan for at least a 3.5 hour visit. 1.5 - 2 hours for each mission and 30 minutes for lunch. | | | |
| | | | |
| a c | | | |

PLEASE LIST DETAILS BELOW IF ANY STUDENTS WILL NEED SPECIAL ACCOMMODATIONS.

BILLING INFORMATION Please check off how you are paying for your visit. We have submitted COSER Paperwork to BOCES (6-We are using COSER Funding 8 weeks before visit) We are paying through our organization. Please complete below. Accounts Payable Contact Information: Name _____ Phone #: ____ Institution: _____ Email Address: ____ Address ____ City, State, Zip: **AMOUNT DUE:** Total number of participants (students): _____ Number of missions required: _____ (1 mission = 18 to 30 students); (2 missions = 31 to 60 students); (3 missions = 61 to 90 students); (4 missions = 91 to 120 students) Total # Missions: x \$950.00 = amount due for missions: \$**EVA** (Extra Venue Activity), Hands-on STEM offerings: Number of EVA groups ____ x \$200.00 = amount due for EVAs: \$ ____ Discounts: - \$ Total due (Sum of amount due for missions and EVAs): This form must be returned to us NO LATER THAN six weeks (6 weeks) before your scheduled mission by email, fax or US-mail **Challenger Learning Center Policies** Payment policies: A copy of the NYS BOCES COSER authorization form, a purchase order or a check must accompany your Registration Forms. BOCES COSER information: COSER 403 is used for Challenger Learning Center mission payment by NYS schools. NYS schools can get substitute reimbursement for teacher training using COSER 529. NYS districts outside the Cattaraugus-Allegany BOCES should check with their local BOCES about Cross-Over COSERs. Payment by Purchase Order: Purchase Orders will only be accepted for the total amount. Partial-payment purchase orders cannot be accepted and will NOT reserve your mission(s). A signed purchase order will reserve you mission(s). If your BOE/school requires a signed Purchase Order to facilitate payment, we will accept an attached or faxed purchase order and will return it with our signature promptly. Our fax number is 716-379-8687 ATTN: Reann Ehman, Director. We appreciate your cooperation in this matter. Payment by Check: Checks for the full mission cost should be made payable to Challenger Learning Center of the Twin Tier Region, Inc. Cancellation/Re-scheduling Policies Schools canceling their mission(s) for other than emergency purposes with less than one month notice (20 school days) will be billed \$100 per mission. Missions may be re-scheduled up to one month prior to your original scheduled mission date. Please note: first choice for mission times may not be available when re-scheduling. Snow (weather) policy: Please call 716-379-8686 if you are unable to attend due to inclement weather. The Challenger Learning Center will call you if we are closed due to weather. When the Challenger Learning Center or your school district is closed due to weather, we will re-schedule your mission(s) at no additional fee. I acknowledge that participating in the Activity involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or result from my participation in the Activity, including any associated travel, regardless of whether or not caused in whole or in part by the negligence or other fault of Challenger Learning Center of the Twin Tier Region or insurers ("Released Parties"). I waive all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims. I agree to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. My signature below confirms that I have read, understand and accept all of the policies as stated on behalf of my school as part of the Registration Contract with the Challenger Learning Center. **Administrator's Signature** (Supt. or Principal or Curr. Coordinator) Date

| This form must be returned to us NO LATER THAN six weeks (6 weeks) before your scheduled mission by fax, e mail. | mail or US- |
|--|-------------------|
| mail. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | Revised: 10/18/23 |