Leader Name _____

Group Name _____

Snoozeum Date _____

Participant Roster

Check one

Last Name	First Name	Child (Age)	Adult

Make additional copies of this form as needed.
Please return this completed form 4 weeks prior to your scheduled date.

Attn: Science Snoozeum at address below or FAX (773) 947-4173
PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

08/09

Museum of Science & Industry
57th Street and Lake Shore Drive, Chicago, IL, 60637
(773) 684-1414, www.msichicago.org