



Challenger Learning Center New Mexico

Mission Information Sheet

Primary Mission Date Requested _____

Primary Mission Time Requested _____ (please list earliest time your class can arrive at the Center if a morning mission. Please list latest time your class needs to leave if an afternoon mission).

Prior Training: Comet I _____ Comet II _____ Grade Level: 5 6 7 8 Other _____

Top Gun _____

Teacher Training Date _____

School/Sponsoring Organization _____

District _____

Address _____

Contact Person _____

Teacher or Leader _____

Phone: School: _____

Home: _____

Fax: _____

E-Mail: _____

of Students: _____

of Adults _____

Approval Principal/Administrator/Director: _____

Purchase Order/Invoice _____ Year: 1 2 3 4 5 (Please Circle)



Challenger Learning Center New Mexico

Additional Information (Special Needs, i.e., ESL, MMH, Wheelchair, Visually Impaired, Hearing Loss, Below Grade Level Reading, Epilepsy, etc.):

How did you learn about this Center?

Additional Program Requests:

Gift Shop Order and pay on line, we'll have it ready to go!

Lunch Pad _____ # Students _____ # Adults (Outdoors)

Previous CLC Participation:

Missions: # _____

Please fax, mail or email (scan and attach) this information to:

Challenger Learning Center New Mexico, 1776 Montañó NW, Los Ranchos, NM 87107
Fax: 505.345.6397
Email: info@challengernm.org