



ASTRONOMY OUTREACH REQUEST FORM

To request the support of the Las Vegas Astronomical Society for for Schools, Scout Groups, or any other public/civic organization with an interest in Astronomy, please complete the form below and either email it or snail-mail it to:

Rob Lambert
Vice President (Outreach)
Las Vegas Astronomical Society
6109 Benchmark Way
North Las Vegas, NV 89031
Email: Rob.Lambert@lvastronomy.com

Organization to be supported: _____

Point of Contact: _____ Email: _____

Telephone (W) _____ (C) _____

Event Information:

Date and Type of Event: _____
(i.e., Science Night, Astronomy Night, Merit Badge Training, etc.)

Location of Event: _____

Dates to Consider: Primary: _____ Alternate: _____

Estimated number of people to attend: Youth: _____ Adults: _____

Age Range of Attendees (mark all that apply): 6 - 12; 13 - 18; Adults (18 - 50); Older Adults (>50)

Type of Support Required (mark all that apply): Telescope Viewing; Presentation/Demonstration; Other

If Other please describe: _____

Style of Event: Round-Robin/Stations; Single Group;

Coordinating Instructions: _____
