



**AIR FORCE ONE
DISCOVERY CENTER**
THE RONALD REAGAN PRESIDENTIAL LIBRARY AND MUSEUM

School Name: _____

Address: _____

Telephone: (_____) _____

Fax: _____

Preferred Contact's Name: _____

Cellular Phone: (_____) _____

Email (please print): _____

Grade Level: 5th 6th 7th 8th other: _____

Number of Students: _____ Number of Chaperones: _____

Lunches: Bringing sack lunches No Lunch

Purchasing box lunch from Reagan's Country Café (805-522-7577)

Date Preferences:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Arrival Time: ____:____

Departure Time: ____:____

Transportation: Bus Car

Additional Information (students with special needs, buying gifts, taking photos, etc.):

Please mail or fax this form to:



AIR FORCE ONE DISCOVERY CENTER

Ronald Reagan Presidential Foundation

40 Presidential Drive

Simi Valley, California 93065

Phone: (805) 577-4160 Fax: (805) 577-4158

afodiscovery@reaganfoundation.org