



**Town of Ramapo
Challenger Center**

225 Route 59
Airmont, NY 10901
(845) 357-3416



**CHALLENGER CENTER
SPACEPORT GIFT SHOP REQUEST FORM**

Student Name: _____

Teacher Name: _____ **Cell Phone:** _____

School Name: _____

School Phone: _____

Mission Date: _____ **Mission Time:** _____

| Item Name | Item Quantity | Item Price | Total Price |
|-------------------------|---------------|------------|-------------|
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| | | | |
| | | | |
| | | | |
| Total Amount Due | | | \$ |

Please fax completed form to 845-369-3523 prior to your scheduled mission.