



Spaceport Tour Reservation Request Fax Form

Head of Group: _____

List of Guests: _____

Address: _____

City: _____

State: _____

Email: _____

Cell: _____

Date of Tour: _____

Credit Card: Visa / Mastercard / American Express

Credit Card #: _____

Name on Card: _____

Billing Address: _____

City: _____

State: _____

CVV: _____

Expiration: _____

Quantity: Adults _____ Children _____

(Adults \$59.00/each, Children -- 12 and under, \$29.00/each)
