

Henize Observatory



Student Docent Application

Name: _____

Grade: _____

School: _____

Why do you want to participate in the Henize Observatory docent program?

I give permission for my child, _____, to participate in the Henize Observatory docent program at Harper College.

Parent Name: _____

Parent Signature: _____

Parent Email: _____

Date: ____/____/____

Please bring application and letter of recommendation to the Henize Observatory during a public viewing session. See HarperCollege.edu/observatory for schedules.