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.