

PROGRAM CHECKLIST

PROGRAM DATE _____

DUE

TASK

DESCRIPTION

DONE



**Teacher TDC
Information
Web Page**

Read it carefully. Available on our website.
Click - Teacher Programs Tab

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Transportation

**Confirm your day and time with your
transportation office/company before mailing
your booking contract.** Our physical address
is: 10900 University Blvd., Manassas, VA 20110
Plan to park in the Freedom Center parking lot
unless instructed otherwise.

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**Booking
Contract**

Within (five) 5 days, sign and return by fax to
The EDGE.

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**Facility Use
Agreement**

Within (five) 5 days, sign and return by fax to
The EDGE.

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Booking Fee

**Due two (2) weeks after the date printed on
the bottom of your contract.** Mail it with the
initial invoice to the George Mason University
Freedom Center, MSN 5F6, 10900 University
Blvd., Manassas, VA 20110

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**The EDGE
Medical/Liability
Release Form**

Make a copy of this two-sided form (available
on our website) for every participant. **Without
a form, we will deny participation.**

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**Confirm
Numbers**

Fax six (6) weeks before your program, a
completed **Group Information Sheet** to
confirm your final number of participants. If
this form is not returned, your bill will reflect
the participants shown on your initial invoice.

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Final Payment

**Mail fourteen (14) days prior to your
program,** to assure it is received by George
Mason University, MSN 5F6, 10900 University
Blvd., Manassas, VA 20110 one (1) week before
your program. Return your final invoice with
the payment. Indicate your MCTOL/Invoice
and Account numbers on your check.

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Phone: 703.993.4313 Fax: 703.993.8478

www.edgeatmason.com