PLEASE RETURN THIS COMPLETED FORM TO FIELDTRIPS@PENNYPICKLES.ORG



FIELD TRIP REQUEST FORM

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Your date is not o	confirmed until yo	refundable deposition of the second s	sit of \$40 is r	 and complete each section. equired to secure a booking. rerify receipt and availability. 	
SCHOOL/ORGANIZATI					
City & Zip Code:					
Phone:		Fax:	·	·	
Email:					
PRIMARY CONTACT IN	FORMATION:				
Primary Contact Name &	Title:				
Contact Phone (Cell pref	erred):				
Email:					
	FIELD TRIP DAY AND DATE REQUESTED (Tues-Friday Only): ADD AN EXPERIMENT DEMONSTRATION? (Additional \$25/Demo) YES NO				
		UN? LAQUILIONALS	SZS/Demoj		
		-			
SESSION TIME REQUE		-			
	STED (10:00-11	L:30 AM OR 12:30	0-2:00 PM):		
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SESSION TIME REQUE	STED (10:00-11	L:30 AM OR 12:30	D-2:00 PM):	Home School	
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SESSION TIME REQUE TYPE OF SCHOOL: GRADE LEVEL AND AG # of Classes Attending # of Chaperones Atter If the minimum ratio is r Chaperones must be ove SPECIFY ANY INFORM CALL 951-308-6374 Te	Preschool Preschool E ATTENDING: E ATTENDING: Commet, you will be and met, you will be er 18 years old. EATION WE MAY O ARRANGE PAY med until deposit	L:30 AM OR 12:30Elementary# of Chil EQUIRE ONE CHA be charged \$15 pe X NEED TO KNOW YMENT OF YOUR is received and you	D-2:00 PM): Private dren Attendi PERONE PER r staff membe MON-REFUNI u have receive	Home School ng: 5 CHILDREN r for that ratio to be met. DABLE DEPOSIT. Your d an email confirmation.	

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www.pennypickles.org