



FIELD TRIP REQUEST FORM

Please read carefully and complete each section.

This form, along with a **non-refundable deposit of \$40** is required to secure a booking. Your date is not confirmed until you are contacted by our staff to verify receipt and availability.

SCHOOL/ORGANIZATION INFORMATION:

School/Organization Name & District: _____

Address: _____

City & Zip Code: _____

Phone: _____ Fax: _____

Email: _____

PRIMARY CONTACT INFORMATION:

Primary Contact Name & Title: _____

Contact Phone (Cell preferred): _____

Email: _____

FIELD TRIP DAY AND DATE REQUESTED (Tues-Friday Only):

SESSION TIME REQUESTED (10:15-11:45 AM OR 12:45-2:15 PM):

TYPE OF SCHOOL: Preschool Elementary Private Home School

GRADE LEVEL AND AGE ATTENDING: _____

of Classes Attending: _____ **# of Children Attending:** _____

of Chaperones Attending: ** WE REQUIRE ONE CHAPERONE PER 5 CHILDREN _____

If the minimum ratio is not met, you will be charged \$15 per staff member for that ratio to be met. Chaperones must be over 18 years old.

SPECIFY ANY INFORMATION WE MAY NEED TO KNOW: _____

CALL 951-308-6376 TO ARRANGE PAYMENT OF YOUR NON-REFUNDABLE DEPOSIT. Your reservation is not confirmed until deposit is received and you have received an email confirmation.

PERSON COMPLETING THIS FORM: _____