

Date: _____



A Little World for Big Thinkers

Tax Exempt? _____

2019-2020 Field Trip Request Form

Please read thoroughly and complete. This packet along with a non-refundable \$50 deposit is required to secure your trip. Your date will be confirmed when you are contacted by e-mail to verify.

School/Organization:

School/Organization Name: _____ District: _____

School Principal/Primary Administrator: _____

School Address: _____

City: _____ State: _____ Zip: _____

School/Organization Phone: _____ Email: _____

Primary Contact:

Primary Contact Name: _____ Title: _____

Contact Phone: _____ Contact Cell: _____ Email: _____

Type of School: Preschool Elementary Private Home School Other _____

Grade Level(s) and/or Age(s) Attending: _____ # of Classes Attending: _____

*# of Children Attending: _____ **# of Chaperones Attending: _____

*Minimum 20 children; maximum 100 children

**Chaperones in ratio are free; additional above the required are \$6.95/each.

Preferred Session (School Year) 10:00 am – 12:00 pm 1:00 pm – 3:00 pm
Preferred Session (Summer) 10:00 am – 12:00 pm 12:30 pm – 2:30 pm 3:00 pm – 5:00 pm

Courtyard Reservation for Lunch Yes No **Create Your Own Flavor Upgrade** Yes No
Adults? _____

Please list the top two preferred dates that you agreed to accept if available:

Choice	Day of Week	Date	Field Trip Type (Select One)
1			Self-Guided: \$8.95/participant: <input type="checkbox"/> Imagi Nation Explore Guided: \$9.95/participant: <input type="checkbox"/> Imagi Nation Explore <input type="checkbox"/> Imagi Nation Big Thinkers <input type="checkbox"/> The History of Ice Cream <input type="checkbox"/> Ice Cream Around the World <input type="checkbox"/> The Next Great Flavor Exp. <input type="checkbox"/> Meltdown
2			Self-Guided: \$8.95/participant: <input type="checkbox"/> Imagi Nation Explore Guided: \$9.95/participant: <input type="checkbox"/> Imagi Nation Explore <input type="checkbox"/> Imagi Nation Big Thinkers <input type="checkbox"/> The History of Ice Cream <input type="checkbox"/> Ice Cream Around the World <input type="checkbox"/> The Next Great Flavor Exp. <input type="checkbox"/> Meltdown

Additional Information

Does your group require any special accommodations (physical or dietary)? _____

Arriving by bus? Yes No # of buses: ____ Arriving by car/van? Yes No # of cars/vans: ____

Participating teacher's names and contact information:

Lead Teacher Name: _____ Email: _____ Phone: _____

Teacher Name: _____ Email: _____ Phone: _____

Teacher Name: _____ Email: _____ Phone: _____

Teacher Name: _____ Email: _____ Phone: _____

Teacher Name: _____ Email: _____ Phone: _____

Teacher Name: _____ Email: _____ Phone: _____

Teacher Name: _____ Email: _____ Phone: _____