Date: _			
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Exempt?
Exempt?

2020-2021 Field Trip Request Form

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

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: Co	ontact Cell: Email:				
Type of School: ☐Preschool ☐Elementary ☐Private ☐Home School ☐Other					
Grade Level(s) and/or Age(s) Attending	g:# 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 ☐ (additional \$40 per group)					
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: \$9.49/participant: ☐ Imagi Nation Explore				
	Guided: \$10.49/participant: ☐ Imagi Nation Explore ☐ Imagi Nation Big Thinkers				
2	Self-Guided: \$9.49/participant: ☐ Imagi Nation Explore Guided: \$10.49/participant: ☐ Imagi Nation Explore ☐ Imagi Nation Big Thinkers				

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:			