

Tax Exempt?	
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## 2019-2020 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: School/Organization Name: District:						
School Principal/Primary Administrator:							
School Address:							
City:	City: State: Zip:						
School/C	chool/Organization Phone: Email:						
Primary Contact:							
			Title:	_			
Contact Phone: Conta		Conta	tact Cell: Email:	Email:			
Type of	School: ⊔Pres	chool	tary □Private □Home School □Other	-			
Grade L	evel(s) and/or A	ge(s) Attending:	# of Classes Attending:	_			
*# of Children Attending: **# of Chaperones Attending:* *Minimum 20 children; maximum 100 children							
····Cnaperon	es in ratio are tree; addi	itional above the required	ea are \$6.95/eacn.				
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       □ 1:00 pm − 2:30 pm         □ 3:00 pm − 5:00 pm							
Courtyard Reservation for Lunch							
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:				
			Guided: \$10.49/participant:  ☐ Imagi Nation Big Thinkers ☐ Ice Cream Around the World ☐ Meltdown ☐ Imagi Nation Explore ☐ The History of Ice Cream ☐ The Next Great Flavor Exp.				
2			Self-Guided: \$9.49/participant: ☐ Imagi Nation Explore				
			Guided: \$10.49/participant:  ☐ Imagi Nation Big Thinkers ☐ Ice Cream Around the World ☐ Meltdown ☐ Imagi Nation Explore ☐ The History of Ice Cream ☐ The Next Great Flavor Exp.				

## **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:					