

# Kohl Children's Museum Field Trip Registration Form

Please note that this is not a confirmation. Your trip is confirmed when you receive a field trip confirmation letter.

## Contact Information

NAME		TITLE/POSITION	
SCHOOL OR ORGANIZATION			
ADDRESS			
CITY/STATE/ZIP			
DAYTIME PHONE		EVENING PHONE	
E-MAIL			
NAME OF PERSON FILLING OUT THIS FORM <i>(if different from above)</i>			

## Program Preferences

<b>TIME</b> <input type="radio"/> 9:45–11:15 a.m. <input type="radio"/> 10–11:30 a.m. <input type="radio"/> 10:45 a.m.–12:15 p.m. <input type="radio"/> 11 a.m.–12:30 p.m. <input type="radio"/> 1:30–3 p.m. <input type="radio"/> Other _____ <i>(Please plan to arrive 5–10 minutes early for orientation.)</i>	<b>30-MINUTE LUNCH ROOM REQUEST</b> <input type="radio"/> Yes <input type="radio"/> No <i>(Lunch room is free, but availability is limited. Reservations must be made in advance and scheduled immediately before or after your field trip time.)</i>		
<b>AGE OF CHILDREN</b> <input type="radio"/> Under 3 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7-8			
<b>DATE (FIRST CHOICE)</b>	<b>(SECOND CHOICE)</b>		<b>(THIRD CHOICE)</b>
<b>WORKSHOP TOPIC FOR FFT OR ISME (FIRST CHOICE)</b>			
<b>(SECOND CHOICE)</b>			
<b>SPECIAL REQUESTS</b>			

## Trip Cost

	NUMBER	PRICE	TOTAL
<b>FOCUSSED FIELD TRIP</b> <i>(minimum 16 children)</i>		@ \$10/CHILD =	
<b>SELF-GUIDED FIELD TRIP</b> <i>(minimum 10 children)</i>		@ \$7/CHILD =	
<b>EXTRA TIME IN MUSEUM EXHIBITS</b> <i>(30 minutes)</i>		@ \$2/CHILD =	
<b>NUMBER OF ADULTS*</b> <i>(one adult free for every 3 children)</i>		@ FREE =	FREE
<b>EXTRA ADULTS</b> <i>(over the 1:3 ratio)</i>		@ \$7/PERSON =	
<b>IN-SCHOOL MUSEUM EXPERIENCE</b> # of children: _____ <i>(max. 25 children)</i> <input type="radio"/> \$250(0-10 MILES) <input type="radio"/> \$275 (10-20 MILES) <input type="radio"/> \$300 (20-25 MILES)			
<b>IN-SCHOOL MUSEUM EXPERIENCE</b> <i>(additional session, same day and location)</i> # of children: _____ <i>(max. 25 children)</i>		@ \$200 =	
		<b>TOTAL DUE =</b>	

\*The Museum requires 1 adult for every 5 children.

## Cancellation and Change Policy

More than 30 days in advance = full refund

Less than 30 days in advance = no refund

**Please initial here**

- \_\_\_\_\_ Confirmed field trips that do not show up will be **CHARGED THE FULL AMOUNT.**
- \_\_\_\_\_ Payment is expected for the full confirmed amount regardless of absent children.
- \_\_\_\_\_ Field trip fees are applied to all children, including Museum members.

## Payment Method

To guarantee your field trip, check, money order, or credit card information **must be provided** with your registration form.

- Check or money order enclosed, payable to **Kohl Children's Museum**
- Chicago Public Schools purchase order # \_\_\_\_\_
- Please use my credit card to hold this trip. Another form of payment will be submitted on or before the day of the trip. I also acknowledge that I have read and accept the Museum's field trip policies. Initial here: \_\_\_\_\_
- Please charge \$ \_\_\_\_\_ to my credit card:

Chicago Public School Vendor # 14724

Mail, Fax or E-mail form to:

Kohl Children's Museum  
2100 Patriot Boulevard Glenview,  
IL 60026  
Tel: (847) 832-6923  
Fax: (847) 724-6469  
e-mail: fieldtrips@kcmgc.org



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Expiration Date:	[ ]	[ ]	[ ]	[ ]	[ ]	2	0				

Signature: \_\_\_\_\_