

~IN YOUR SCHOOL~

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

PRIMARY CONTACT (ON SITE)	POSITION				
SCHOOL OR ORGANIZATION					
ADDRESS	CITY/STATE/ZIP				
DAYTIME PHONE	E-MAIL				
NAME OF PERSON FILLING OUT THIS FORM (if different from above)					

Program Preferences

ТІМЕ	E 9:45-11:15 a.m. 10-11:30 a.m. O 10:45 a.m12:15 p.m. 11 a.m12:30 p.m. O 1:30-3 p.m. Other	<i>Please Note:</i> Educators require 30-45 minutes to set up. Room needs to be available during this time.					
		• Other <	AGE OF CHILDREN • 2-3 • 3-4	○ 5-6○ 7-8			
DATE (FIRST CHOICE)		(SECOND CHOICE)	(THIRD CHOICE)				
WORKSHOP TOPIC (FIRST CHOICE)							
(SECOND CHOICE)							
SPECIAL REQUESTS/ADDITIONAL INFO (ie: Spanish Speaking Educator, Special Needs)							

Program Details

LOCATION WHERE EDUCATORS	CAN UNLOAD SUPPLIE	S:				
LOCATION WHERE EDUCATORS	CAN PARK:					
ENTRY LOCATION:						
WHERE WILL THE EXPERIENCE	TAKE PLACE? (ie: classroo	m, gym,)				
RESOURCES IN WORKSHOP LOCATION: Please check all available \bigcirc Tables, $Qty_{__}$ \bigcirc Outlets, $Qty_{__}$ \bigcirc Water Source, $Qty_{__}$						
Trip Cost						
	(max 25 childron)	2 \$275 (0.10 miles) $2 $ \$	200 (11 20 miles)	225 (21 25 miles)		

TOTAL DUE =				
ADDITIONAL SESSION (same day/ location) # of childr	@ \$225 =			
NUMBER OF CHILDREN: (max. 25 children)	HILDREN: (max. 25 children) 🔾 \$275 (0-10 miles) 📿 \$300 (11-20 miles)			

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**
- O 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:

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Expiration Date:		2	0		Visa Aml			aste iscov	rcard /er	

Completed by:

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.	
Chicago Public School Vendor # 14724	



Please save form and submit to fieldtrips@kcmgc.org.

Kohl Children's Museum • 2100 Patriot Boulevard • Glenview, IL 60026 • (847) 832-6923 f: (847) 724-6469