

## ~AT THE 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.

<b>Contact Information</b>	·		·		ŕ					
PRIMARY CONTACT			POSITION							
SCHOOL OR ORGANIZATION										
ADDRESS			CITY/STATE/ZIP							
DAYTIME PHONE			E-MAIL							
NAME OF LEAD STAFF ONSITE I	FOR FFT (if different from above)									
PHONE			E-MAIL							
Program Preferences	<u> </u>									
TIME			30-MINUTE LUNCH ROOM REQUEST • Yes • No (Lunch room is free, but availability is limited. Reservations must be made in advance and scheduled immediately before or after your field trip time.)							
(Please plan to arrive .	AGE OF CHILDREN Under 3 3-4 5-6 7-8									
DATE (FIRST CHOICE)	(SECOND CHOICE) (THIRD CHOICE)									
WORKSHOP TOPIC IF FOCUSED FIELD TRIP (FFT )	FIRST CHOICE:									
	SECOND CHOICE:									
SPECIAL REQUESTS/ADDITION	AL INFO (ie: Spanish Speaking Educator, Special i	Needs)								
Trip Cost		NUMBER			PRI	TOTAL				
FOCUSED FIELD TRIP (minimum	16 children)					@ \$10/CHILD =				
SELF-GUIDED FIELD TRIP (minimum 10 children)						@ \$7/CHILD =				
EXTRA TIME IN MUSEUM EXHIBITS (30 minutes)						@ \$2/CHILD =				
NUMBER OF ADULTS* (one adult free for every 3 children)					@ FR	FREE				
<b>EXTRA ADULTS</b> (over the 1:3 ratio,				@ \$7/PE	RSON =					
*The Museum requires 1 adult				ТОТ	AL DUE =					
<b>Payment Method</b>										
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.			Cancellation and Change Policy  More than 30 days in advance = full refund  Less than 30 days in advance = no refund							
<ul> <li>Chicago Public Schools purchase order #</li> <li>Please use my credit card to hold this trip. Another form of payment submitted on or before the day of the trip. I also acknowledge that I</li> </ul>			Il be							

- read and accept the Museum's field trip policies. Initial here: \_\_\_\_\_
- O Please charge \$ to my credit card:

Completed by:

to my credit card.											
	1 1		Ī					I			
Expiration Date:	2 0			Visa AmEx		Mastercard Discover					

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

