

Expiration Date:

Completed by:

~IN YOUR SCHOOL~

FIELD TRIP REGISTRATION FORM

Please note that this is not a confirmation. Contact Information	Your trip is confirmed when you receiv	ve a field trip confirmation letter.	
PRIMARY CONTACT (ON SITE)	POSITION		
SCHOOL OR ORGANIZATION			
ADDRESS	CITY/STATE/7ID		
	CITY/STATE/ZIP		
DAYTIME PHONE	E-MAIL		
NAME OF PERSON FILLING OUT THIS FORM (if different from all	pove)		
Program Preferences			
TIME 9:45-10:30 a.m. 10-10:45 a.m. 10:45 a.m11:30 a.m. 11 a.m11:45 a.m. 1:30-2:15 p.m. Other	n. Room needs to be available	Please Note: Educators require 30-45 minutes to set up. Room needs to be available during this time.	
	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 Ed	ducator, Special Needs)		
Program Details LOCATION WHERE EDUCATORS CAN UNLOAD SUPPLIES:			
LOCATION WHERE EDUCATORS CAN PARK:			
ENTRY LOCATION:			
WHERE WILL THE EXPERIENCE TAKE PLACE? (ie: classroom, gyr	m,)		
RESOURCES IN WORKSHOP LOCATION: Please check all availate	ble O Tables, Qty Outlets, Q	ty	
Trip Cost			
NUMBER OF CHILDREN: (max. 25 children) 🔾 \$	250 (0-10 miles) \$275 (11-20 miles))\$300 (21-25 miles)	
ADDITIONAL SESSION (same day/ location) # of children: (max. 25 children)		@ \$200 =	
		TOTAL DUE =	
Payment Method			
To guarantee your field trip, check, money order, or credit ca	rd information		
must be provided with your registration form.	Cancellation a	nd Change Policy	
 Check or money order enclosed, payable to Kohl Childr Chicago Public Schools purchase order # 	More than 30 days in	advance = full refund	
Please use my credit card to hold this trip. Another form	Less than 30 days in a of payment will	Please initial here	
be submitted on or before the day of the trip. I also ackn			
have read and accept the Museum's field trip policies. In: Please charge \$ to my credit card:		trips that do not show up ED THE FULL AMOUNT.	
J <u> </u>	Payment is exp	ected for the full confirmed	

Click to submit form to fieldtrips@kcmgc.org

Visa

AmEx

2.0.

Mastercard

Discover

amount regardless of absent children. Field trip fees are applied to all children,

_including Museum members.

Chicago Public School Vendor # 14724