Name of School:
Teacher:
Email:
Person Making the reservation if not teacher:
Address of School:
Day time Phone #:
First choice date of visit: Second choice date of visit:
Grade:
Number of Students at time of reservation:
The program starts at 9 am unless prior arrangements have been made.
Bus: Car:
Please fill out one reservation form per class. We do require a minimum of 4 chaperones more are welcome.
To be filled out by Museum Staff ◆ Date reservation taken: ◆ Confirmation sent: ◆ Amount due based on Reservation:

♦ Amount of chaperones (including teacher):____

Actual Amount of Students:

♦ Amount Paid:_____

◆ Date Paid:_____