CAMPBELL MUSEUMS

Campbell Historical Museum

HANDS-ON-HISTORY

School Tour Reservation Form

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: _____

Number of Chaperones (minimum of 4 is required): _____

Mode of Transportation:

Bus: _____ Car: _____

Special Requests (ex: late start, accessibility needs):

Estimated total cost for admission ($8/student): _____

Form of payment (Only Check or Cash accepted): _____
Payment is due on or prior to field trip date.

Scholarship request (if applicable)

Admission: _____

Transportation: _____