

## ~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.

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Contact Information									
PRIMARY CONTACT		POSITION							
SCHOOL OR ORGANIZATION									
ADDRESS		CITY/STATE/ZIP							
DAYTIME PHONE		E-MAIL							
NAME OF LEAD STAFF ONSITE	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	5–10 minutes early for orientation.)	AGE OF CI	HILDREN O Unde	er 3	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)							
rip Cost			NUMBER	PRICE	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)				@ FREE =	FREE				
EXTRA ADULTS (over the 1:3 ratio)				@ \$7/PERSON =					
*The Museum requires 1 adult	for every 5 children.			TOTAL DUE =					
<b>Payment Method</b>									
must be provided with you	check, money order, or credit card informa r registration form. nclosed, payable to <b>Kohl Children's Muse</b>		More than 30 da	on and Change Poli	•				
O Chicago Public Schools p			<b>•</b>	ys in advance = no refund Please initial here					
submitted on or before t	he day of the trip. I also acknowledge that	I have	Confirme	d field trips that do not show	v up				

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

Completed by:

to my credit card.													
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Expiration Date:	L		2	0				isa mEx	(		aste scov	rcard er	b

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

