

www.cmshoals.org

Field Trip Reservation Form

Your reservation will be final when your deposit and this form are received. This reservation agreement must be filled out and signed below. Mail to the Children's Museum Shoals no later than 2 weeks prior to trip.

Contact Information:						
Today's Date	Schoo	/ Organization				
Address		City		St	Zip	
School Principal/ Administr	ator	Τε	eacher			
Email	Sc	hool Phone		Cell		
Field trips can accommodate	a minimum of 10 and	a max of 30 per group. I	Field trips can be	scheduled Wednesd	lay-Friday 10:00 am	2:30 pm
Grade level and/or age atte	ending	Number of Stud	lents			
Date Preferences: First cho	ice date		Second ch	pice date		
Time Preference:10 (Please arrive 5-10 minutes)		11:30 am - 1:0	00 pm	1:00 pm - 2:30 pi	m	
Cost per child: \$9.00 per child Adults/Parents \$5 Teachers/Aides/School Pe	rsonnel-Free					
*Siblings cannot be part of ye	our group if not part of	f the class and museum r	nembership canr	ot be used for field	trip.	
Method of transportation (#	^t if known) Pe	ersonal vehicles	Vans	Buses	S	
Cancellation & Change Polic A deposit of \$4.00 per stud of admission fee will be rec one year.	ent is due 2 weeks b	efore your visit. If CMS Id trip. Deposits will not	does not receiv be returned if c	e your deposit, you ancelled, however	ir reservation may can be applied to i	be cancelled. Remainder e-schedule field trip within
I (the teacher) have re	ad and understand th	ne payment/cancellation	n policies.			
Teacher Name (please prir	nt)	Teacher	Signature		Date	·
I (the principal or direc	tor) have read and ur	nderstand the payment	, cancellation/pc	licies.		
Principal/Director Name (pl	ease print)	Principal	/Director Signat	ure		Date
Please contact our CMS educ	cation coordinator to s	chedule a field trip.				
Judy Ennis 256-284-7107 j.ennis.cms@gmail.com						

Please mail this form to:

Children's Museum Shoals 2810 Darby Drive Florence, AL 35630