



www.cmshoals.org

## Field Trip Reservation Form

*Your reservation will be final this form is 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 \_\_\_\_\_ School/ Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

School Principal/ Administrator \_\_\_\_\_ Teacher \_\_\_\_\_

Email \_\_\_\_\_ School Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Field trips can accommodate a minimum of 10 and a max of 30 per group. Field trips can be scheduled Wednesday-Friday 9:00 am- 2:30 pm**

Grade level and/or age attending \_\_\_\_\_ Number of Students \_\_\_\_\_

**Date Preferences:** First choice date \_\_\_\_\_ Second choice date \_\_\_\_\_

**Time Preference:** \_\_\_\_\_ 10:00 am - 11:30 am \_\_\_\_\_ 11:30 am - 1:00 pm \_\_\_\_\_ 1:00 pm - 2:30 pm  
(Please arrive 5-10 minutes early for check in)

### Cost per child:

\$9.00 per child

Adults/Parents- (LIMIT 1 ADULT PER CHILD FREE) (ADDITIONAL ADULTS \$5 PER PERSON)

Teachers/Aides/School Personnel-Free

**\*Siblings cannot be part of your group if not part of the class and museum membership cannot be used for field trip.**

Method of transportation (# if known) \_\_\_\_\_ Personal vehicles \_\_\_\_\_ Vans \_\_\_\_\_ Buses.

\_\_\_\_ I (the teacher) have read and understand the payment/cancellation policies.

Teacher Name (please print) \_\_\_\_\_ Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ I (the principal or director) have read and understand the payment, cancellation/policies.

Principal/Director Name (please print) \_\_\_\_\_ Principal/Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please contact CMS education coordinators to schedule 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