

# Field Trip Request Form

School Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

School Phone: (\_\_\_\_) \_\_\_\_\_ School District: \_\_\_\_\_

**Primary Contact Information:**

Contact Name: \_\_\_\_\_ Teacher's email: \_\_\_\_\_

Other Teachers' Names: \_\_\_\_\_

If we need to reach you by telephone, please identify the preferred number: \_\_\_\_\_

*Student ratio is one adult chaperone for every five students (1:5) for preschool, elementary and middle school. For high school, the ratio is one adult chaperone for every ten students (1:10). **Maximum student group size is 100, with 20 teachers/chaperones encouraged.***

**Requested Date and Arrival Time: (Circle One Time)**      **Regular tour days are Tuesday through Friday**

Field Trip Date - 1st Choice: \_\_\_\_\_ **9:30 a.m.**    **11:00 a.m.**    **12:30 p.m.**

Field Trip Date - 2nd Choice: \_\_\_\_\_ **9:30 a.m.**    **11:00 a.m.**    **12:30 p.m.**

Number of Students: \_\_\_\_\_ x \$5 = \$ \_\_\_\_\_      Grade Level: \_\_\_\_\_

Number of Adult Chaperones: \_\_\_\_\_      *(No charge for chaperones within the designated ratio)*

Additional Adults/Chaperones: \_\_\_\_\_ x \$10 = \$ \_\_\_\_\_      Bus drivers are admitted at no charge.

**TOTAL DUE: \$ \_\_\_\_\_**

Method of Transportation: Van (#) \_\_\_\_\_ Personal Vehicle (#) \_\_\_\_\_ Bus (#) \_\_\_\_\_

**PAYMENT INFO:** Forms of payment are cash, business check, credit card, and purchase order. We encourage school districts to pay via purchase order to receive an invoice. No refunds will be given for reduced attendance the day of visit on pre-written checks.

Any there any special needs we should be aware of in advance of your visit?

How did you hear about us?

Mail/email the completed form to Wade Weber at [wweber@scottsdalemuseumwest.org](mailto:wweber@scottsdalemuseumwest.org) or the address below.

Questions? Call 480-686-9539, ext. 212

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