

FIELD TRIP RESERVATION REQUEST FORM

Field Trips are booked Wednesdays – Fridays with approval from CMAC

ducator Name: Phone Number:				
-ducator i	name:	Pnone Number	<u></u>	
Educator I	Email:			
Date of Vi	isit: Start Time	End Time	Grade	
Number o	of Students Number of Educators/Teachers	Lunch/Snack _	Yes (\$4.27)No (\$3.74)	
	FIELD TRIP P	OLICIES		
	CMAC offers groups rates starting at \$3.74 per person for schools, daycares, and churches bringing a minimum of 15 children. If you would like to use a Private Room for a lunch/snack break, the group rate is \$4.27 per person; this includes parents/chaperones. One teacher per every 5 children is FREE. Reservations are required at least a week in advance. Cancellations must be made at least 48 hours in advance. Payment is due on the day of your visit. If paying with a check, make payable to: Children's Museum of			
	Alamance County. Payment for students and teachers must be made as a single payment. Parents, chaperones and additional guests may pay individually at the door.			
	Changes to the number of students must be made 1 day prior to the event. Teachers and Chaperones are responsible for direct supervision of children.			
	Please enforce our policies: 1. Always use walking feet, no running, keep you 2. Be respectful of self, others, and museum exh 3. Share 4. Always use your helping hands to put things b 5. Please keep all food, drinks and chewing gum	ir shoes on. ibits. ack where they belong		
	6. Have fun!	·		
Signature of lead educator		D	Date	
	EMAIL COMPLETED FORMS TO INFO@CHI Se Use Only Booking Date: Initi	LDRENSMUSEUMOFALAI	<u>MANCE.ORG</u> 	

Mailing Address: PO Box 1178 Graham, NC 27253 (336) 228-7997 www.childrensmuseumofalamance.org

Located at 217 S. Main Street Graham, NC 27253