

## **Field Trip Request Form**

To request a field trip date please complete this form and return it to the Field Trip Coordinator, Katrina Jazulin via fax 209-465-4394 or email cms1assistant@gmail.com. You will be contacted within 48 hours (during our regular business hours, Wednesday-Sunday) to finalize your reservation. Please note that this form is <u>only</u> a <u>request</u> and is not considered a booked reservation until a final contract is issued. \*required information

402 W. Weber Avenue, Stockton, CA • 209-465-4FUN (4386) • www.childrensmuseumstockton.org

School Name:	District:				
first and last Lead Teacher's Name:	Cell/Home Phone:				
Email:					
School Address:					
School Phone:		Fax:include teachers,			
Grade Level:	# of classes:	# of students	:	# of adults: aides and parent minimum 1 adult to every 5 children	
Arriving by	[cash/check/debit/cre	[cash/check/debit/credit/PO] Payment Type:(students/teachers) Are parents/chaperones paying separately?:			
Scheduling contact (if dil	fferent from lead teacl	ner):			
Phone Number:		Title:			
Email:					
First Choice Date:		Second Choice Date:		Third Choice:	
				Date:	
Day:		Day:		Day:	
Tuesday* *for minimum 80 st	hudente l	Tuesday*		Tuesday*	
*Tor minimum 80 st	tudents	*for minimum 80 stude	nts	*for minimum 80 students	
Wednesday		Wednesday		Wednesday	
Thursday		Thursday		Thursday	
Friday		Friday		Friday	
Time: 90 minutes		Time: 90 minutes		Time: 90 minutes	
9:00am-10:30	Dam	9:00am-10:30am		9:00am-10:30am	
11:30am-1:00pm		11:30am-1:00pm		11:30am-1:00pm	
2:00pm-3:30J	pm	2:00pm-3:30pm		2:00pm-3:30pm	
Lunch/Snack:		Lunch/Snack:		Lunch/Snack:	
Yes N	lo	Yes No		Yes No	
Additional comments o	r information:				