

## FIELD TRIP REGISTRATION FORM

Today's Date:	School Name	:		
Contact Name:	Email: _		Phone:	
Address:	City:	State:	Zip Code:	
galleries and emphasizes the Mus	seum's core areas of	art, culture, coi	round. It includes most of the museum' mmunity, and communication. Tours ar 3pm during the summer months.	
Tour Date: Time:_	Grade:	# of children	n:# of groups:	
Does your group have special of YES, what accomodations do the		No ( )	(25 students per group)	
Pricing: Field Trip: \$200 per group of up to 2	5 students.			
To ensure a high-quality visit, the ground accordingly. Additional students are \$ Additional adults are \$8 each.			ger than 25 students will be divided is children is required and admitted free.	
<b>Learning Lab:</b> \$25 for a grade-specification.	ic added learning expe	ience. Available c	only during the school year. See website for	
Lunch: Outdoor picnic area ava Will you be bringing lunch and eating	_	ng YES ( ) NO	This reservation form is not complete until signed by Principal / Authorized Personnel:	
Will you need to purchase box lunche	,	YES ONO	Name: Signature: Date:	
*If yes, wewill send you a Subway menu	, -		Fax this completed form to Miami Children's Museum Att. Reservation • Fax: 305.373.KID1 (5431)	

## PLEASE NOTE: Your group is not confirmed until you receive a CONFIRMATION LETTER from Miami Children's Museum

**Cancellation Policy:** There is \$50 penalty fee for cancelations within one week of scheduled program. No-shows will be charged \$50 penalty fee per group.

**Payment Policy:** The full tour fee is due upon arrival at the Museum. You can pay by check, credit card, or cash. We do not accept purchase orders.



