

Cheshire Children's Museum

Field Trip Request Form

Grades: PreK-5th

Call: (603)-903-1800 or email: info@cheshirechildrensmuseum.org

School: _____

Requested Date of Visit: _____ Day of the Week: _____ Tuesday _____

School Address: _____

(City)

(State)

(Zip Code)

Price: \$7.00 per student, teacher, and chaperone

Contact Name: _____ Position: _____

School/Work Phone: (____) _____ Alternate Phone: (____) _____

Fax Number: (____) _____ E-mail: _____

Time of Field Trip:

(Please select only the choices given)

9:30 AM – 11:30 AM

12:00 PM – 2:00 PM

2:30 PM – 4:30 PM

Grade Level: _____ No. of Classes: _____ No. of Students: _____ (Max 100)

No. of Teachers/Paraprofessionals: _____

Printed Name: _____ Signature: _____

Date: _____

Please note: Terms and limitations apply. This request form does NOT guarantee the date/field trip requested. Submitter must receive an invoice for final confirmation. In cases of cancellation, **30 days prior notice from date scheduled is required for refund**. Absolutely **NO REFUNDS** on payments made over the amount of field trip cost or **NO CREDIT** given for children who do not attend field trip who were originally reserved prior to visit or who do not participate in presentation or workshop. Chaperones are not included on invoice; the chaperone entrance fee is \$7, the standard discounted admission to the museum.

Reminder! We have a wonderful gift shop available inside our museum, please inform parents and students that we provide fun, educational and interactive toys, souvenirs, and apparel for all ages to purchase.

For Staff Use Only

Deposit Received: _____ Received by: _____

P.O.#: _____ Date: _____ Check #: _____ Date: _____

Full (or last) Payment Received: _____ Received by: _____

Cheshire Children's Museum
149 Emerald Street, Keene, NH 03431
(603)-903-1800