Cheshire Children's Museum Field Trip Request Form

Grades: PreK-5th

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

School:				
Requested Date of Vi			:	
School Address:				
Price: \$7.00 per stude	ent, teacher, and chap	oerone		
Contact Name: _			Position:	
School/Work Phone:	: ()	Alternate	Phone: ()_	
E-mail:				
	٦	Time of Field Trip:		
	(Please	select only the choices g	jiven)	
(□ 9:30 AM – 11:30 AM □	12:00 PM – 2:00 PM	I □ 2:30 PM – 4:30	PM
Grade Level:	No. of Classes:	No. of Stu	dents:	_ (Max 100) No.
of Teachers/Paraprofe	essionals:			
Printed Name:		Signature:		
an invoice for final confirmati NO REFUNDS on payments i	on. In cases of cancellation, made over the amount of fic to visit or who do not parti	30 days prior notice from eld trip cost or NO CRED cipate in presentation or	m date scheduled is r DIT given for children workshop. Chaperon	quested. Submitter must receive required for refund. Absolutely who do not attend field trip who les are not included on invoice;
	vonderful gift shop available educational and interactive			nd students that we provide urchase.
		For Staff Use Only		
Deposit Received:		Received by:		P.O.#:
Paymer	Date: (Date: (unecк #: Received b		Full (or last)
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Cheshire Children's Museum 149 Emerald Street, Keene, NH 03431 (603)-903-1800