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