

Field Trips



School/Organization Name: _____

Contact Name: _____ Phone: _____

Date of visit: _____ Arrival Time: _____ E-mail: _____

Loft Time: _____

Class Name: _____ Class Times: _____

*Senses Pre-K and 2nd *Color Burst Science Investigation 3rd-5th

Student Grade Level: _____ Special Needs: Yes No

Fees (Groups must have 10 paying children to qualify for discounted rate)

of children: _____ X \$4.00 = _____

of Free Chaperones: _____ (one free chaperone for every 5 children)

of paying adults: _____ X \$4.00= _____

Loft Fee(\$25 for one hour): _____

Class Fees (\$35 for ½ hour session): _____

Total Fees: _____

Administrative Purposes below this line.

Payment(How did the Group Pay?)

Cash CC Check To Be invoiced

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Scheduled On: _____ Staff Initia: _____ Confirm: _____