



Field Trip Contract

Primary Contact

Name: _____ Email: _____ Phone: _____

School

Name: _____ Office Phone: _____ Ext. _____

Address: _____

Special Entrance Instructions (which door, check-in procedure, ID required, etc.): _____

Event

Date: _____ Time(s): _____ Teacher: _____

- Interactive Experience \$210.00
- Additional Class +\$65 (same day only) x _____ = _____
- Travel Fee _____
- Total _____

Estimated Student Headcount: _____

Special Requests: _____

Policies (please initial)

____ Payment is due in full upon booking in order to reserve the date and teacher.

____ An invoice will be sent to the email address above. We can accept credit card or ACH. Please email us to request another payment method.

____ If payment has not been received in advance of two weeks before the event, the event will be cancelled.

____ Event may be cancelled and refunded in advance of two weeks before the event. All refunds are subject to a 20% refund fee. Events cancelled with less than two weeks notice will not be refunded. Events may be rescheduled with two weeks advanced notice for no fee.

Signature: _____ Date: _____