

Fieldtrip BOOKING Information Form

**SCHOOL INFORMATION**

|  |  |
| --- | --- |
| **School Name:** |  |
| **District:** |  |
| **Address:** |  |

**DATE / TIME**

|  |  |
| --- | --- |
| **Field Trip Date:** |  |
| **Time of Arrival:** |  |

**CONTACT INFORMATION**

|  |  |
| --- | --- |
| **Primary Contact Name:** |  |
| **Primary Contact Cell Phone:** |  |
| **Primary Contact Email Address:** |  |
| **Secondary Contact Name:** |  |
| **Secondary Contact Cell Phone:** |  |

**ESTIMATED HEAD COUNT**

|  |  |
| --- | --- |
| **Estimated Number of Kids:** |  |
| **Estimated Number of Adults:**  |  |

**ACTIVITY INFORMATION**

|  |  |
| --- | --- |
| **Grade Level** |  |
| **Activity** | TBD |
| **Will you be eating lunch at The Great STEMporium? If yes, packed or delivered?** |  |

Payment may be made with cash or school check. Personal checks not accepted. Please make check payable to The Great STEMporium. Payment is due upon arrival.

**Thank you for choosing The Great STEMporium!!**