

Fieldtrip BOOKING Information Form

**SCHOOL INFORMATION**

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

**DATE / TIME**

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

**\* During the School Year: You are the only school group booked on your date(s). Hence, your arrival time can be whatever time works for you. During the Summertime: Program lengths may vary. Bookings are available only on Monday & Tuesday’s. Departure time must be no later than 12:30pm**

**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 / Price per Student** |  |
| **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 CAVID LLC d/b/a The Great STEMporium [DE eSupplier # 0000510553]. Payment is due upon arrival.

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