## Children's Museum of Brownsville Field Trip Request Form Grades: K3 - 2nd

Please print, read and fill out complete form and fax to (956) 504-1348.

School:	
	Day of Week:
School Address:	
	(City) (State) (Zip Code)
Optional: (This is optional, if not interested	please ask to be quoted \$5.75/pp)
☐ (K-2) Stuffee Presentation—15-25 minute	e program (with purchase of regular admission of \$6.00/pp)
Contact Name:	Position:
School/Work Phone: ()	Alternate Phone: ()
	E-mail:
	:30 am □ 12:00 pm - 2:00 pm (Please select only choices given)
Grade Level No. of Class	sesNo. of Students(Max 100)
No. of Teachers/Para-Professionals: _	
Printed Name:	Signature:
	Date:
Please note: This form is a request only and does	s NOT guarantee the date/field trip requested – unless a PO Number is
provided, a 50% deposit check is delivered, or the t	otal invoice is paid in full for proper amount of guests visiting. Absolutely
NO REFUNDS on payments made over the amount	nt of field trip cost or <b>NO CREDIT</b> given for children who do not attended
field trip who were originally reserved prior to	visit or who do not participate in presentation or arts/craft workshop
Chaperones are not included on invoice; the ch	aperone entrance fee is the \$6.00 regular admission to the museum
Just a reminder that we also have a wonderful gift sh	nop available inside our museum, please inform parents and students that we
provide fun, educational and interactive toys, souvenir	s and apparel for all ages to purchase. Thank You!
	riend, Stuffee, will help children learn about their bodies and learn tips for staying soll, which features removable digestive organs that children can touch and feel,
	or Staff Use Only
Deposit Received: P.O. Received:	Received by: Received by:
Full (or last) Payment Receive	
	dren's Museum of Brownsville Post Office Box 3762
501 E. Ri	inggold Street, #5 Dean Porter Park
(956	Brownsville, Texas 78520 ) 548-9300 Fax (956) 504-1348
	www.cmofbrownsville.com