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

Print and Fax to 956-504-1348 or email myrna@cmofbrownsville.com

School:				
Requested Date of Visit:	Day of Week:			
School Address:	•			
	(City)		(Zip Code)	
Price: \$7.00 per students				
\$6.00 teachers and cha	iperones			
	-			
Contact Name:		Position:		
School/Work Phone: ()	Alter	Alternate Phone: ()		
Fax Number: ()	E-mail:			
	Time of Field Trip:			
	(Please select only choices given)			
□ 09:00 am - 10:30 am	□ 10:30 am – 12:00 pm		12:00 pm – 1:30 pm	
	10.30 am 12.00 pm		12.00 pm 1.50 pm	
		6.0.1		
	No. of ClassesNo			
No. of 1	eachers/Para-Professionals:			
Printed Name:	Signature:			
Please note: Terms and limitations apply	y. This request form does NOT guarant	ee the date/fi	eld trip requested. Submitter	
must receive an invoice for final confirm	nation. In cases of cancellation, 30 day	s prior notic	e from date scheduled is	
required for refund. Absolutely NO RI	E <mark>FUNDS</mark> on payments made over the a	mount of field	trip cost or <u>NO CREDIT</u> given for	
children who do not attend field trip wh	o were originally reserved prior to visi	t or who do no	ot participate in presentation or	
workshop. Chaperones are not included	on invoice; the chaperone entrance fe	ee is \$6, the st	andard discounted admission to	
the museum.	ER! We have a wonderful gift shop availa	ble inside our i	museum, please inform parents	
🔅 🦿 🖍 and stur	dents that we provide fun, educational an			
The shop ages to	purchase			
	For Staff Use Only			
Deposit Received:	Received by	/:		
P.O #: Full (or last) Payment Recei			_ Date:	
	501 E. Ringgold St. #5 Dean Porter P			
	Brownsville, Texas 78520 (956)-548-9300 Fax:(956)504-1348			