

Children's Museum of Brownsville  
STEAM Field Trip Request: 3rd-5th Grade

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

Date Requested: \_\_\_\_\_ Day of the Week: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

(City)

(State)

(Zip Code)

Price: \$7 per student or teacher

**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

**STEAM Field Trips**

Includes:(1.5 Hours) • TEKS aligned • Conforms to the Next Generation Science Standards•Inquiry Based • Fun and Engaging • Encourage Exploration

New ideas and new ways to explore and teach!

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

School/Work Phone:(\_\_\_\_)\_\_\_\_\_ Alternate Phone:(\_\_\_\_)\_\_\_\_\_

Fax Number:(\_\_\_\_)\_\_\_\_\_ E-mail: \_\_\_\_\_

Grade Level \_\_\_\_\_ No. of Classes \_\_\_\_\_ No. of Students: \_\_\_\_\_ (Max 80)

No. of Teachers/Para-Professionals: \_\_\_\_\_ (Student : Teacher ratio 15 : 1)

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please note:** Terms and limitations apply. This request form does NOT guarantee the date/field trip requested. Submitter must receive an invoice for final confirmation. In cases of cancellation, **30 days prior notice from date scheduled is required for refund.** Absolutely **NO REFUNDS** on payments made over the amount of field trip cost or **NO CREDIT** given for children who do not attend field trip who were originally reserved prior to visit or who do not participate in presentation or workshop.

Chaperones are not included on invoice; the chaperone entrance fee is \$6, the standard discounted admission to the museum.



**REMINDER!** We have a wonderful gift shop available inside our museum; please inform parents and students that we provide fun, educational and interactive toys, souvenirs and apparel for all ages to purchase.

**For Staff Use Only**

Deposit Received: \_\_\_\_\_ Received by: \_\_\_\_\_

P.O #: \_\_\_\_\_ Date: \_\_\_\_\_ Check#: \_\_\_\_\_ Date: \_\_\_\_\_

Full (or last) Payment Received: \_\_\_\_\_ Received by: \_\_\_\_\_

501 E. Ringgold St. #5 Dean Porter Park  
Brownsville, Texas 78520  
(956)-548-9300 Fax:(956)504-1348