

Children's Museum of Brownsville

Field Trip Request Form

Grades: K3 - 2nd

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

School: _____

Requested Date of Visit: _____ Day of Week: _____

School Address: _____
(City) (State) (Zip Code)

Price: \$7.00 per students
\$6.00 teachers and chaperones

Contact Name: _____ Position: _____

School/Work Phone: (____) _____ 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

Grade Level _____ No. of Classes _____ No. of Students _____ (Max 120)

No. of Teachers/Para-Professionals: _____

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