

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

Print and Fax to 956-504-1348 or email lucy@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: _____

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Brownsville, Texas 78520
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