

Children's Museum of Brownsville

Field Trip Request Form

Grades: Pre K3 – 2nd Grade

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: \$8.00 per student

\$7.00 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

10:45 am – 12:15 pm

12:30 pm – 2:00 pm

Grade Level _____ No. of Classes _____ No. of Students _____ **(Max 100)**

No. of Teachers/Para-Professionals: _____

Printed Name: _____ Signature: _____

Date: _____

Note: Start/End Times are very important. Know that if you are late, your field trip may not extend past your end time. Terms and limitations apply. This request form does NOT guarantee the date/field trip requested. Submitter must receive an invoice from CMB as the final confirmation. In cases of cancellation, **30 days prior notice from the date scheduled is required in order to receive a full refund.** Absolutely **NO REFUNDS** on payments made over the amount of field trip cost and **NO CREDIT** given for children who do not attend the field trip, but who were originally reserved prior to visit. Chaperones/Parents are not included on invoice; the chaperone entrance fee is \$7.



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. The recommended average gift purchase is \$5 per child.