SCHOOL FIELD TRIP REGISTRATION FORM

Name of School: ____________________________  Grade: ____________________________

Number of Students: _____ + Number of Chaperones: _____ = Total Paid _____
Number of School Personnel (no charge): __________
Cost: $7 for each chaperone and $7 for each student; school personnel no charge

Name of Contact Person: ____________________________
School Address: ____________________________

Phone number: ____________________________
Cell phone number: ____________________________
E-mail address: ____________________________

Date of Field Trip: __________
Time of Arrival: 9:30 a.m.

Rain Date: __________
Time of Departure: 1:30 p.m.

Will pay as a group:
On day of the field trip
___ in cash  ___ by check

___ Check will be mailed by the school

Send invoice to school: ___ Yes  ___ No

Invoice sent to the attention of: ____________________________

Students with allergies to:  Milk _____  Wheat _____  Other: ____________________________

Other information: ____________________________
___ Check here to grant permission for photographing children for publicity purposes

Teacher’s signature ____________________________  Date __________

BMHC Coordinator’s Signature ____________________________  Date __________