

# FIELD TRIP RESERVATION FORM

Fill in this form, then email to [education@ripleysaquariumofcanada.com](mailto:education@ripleysaquariumofcanada.com) or fax to 647-435-1034.

Please note your trip is confirmed once you have received a confirmation letter from the Aquarium. All programs, prices and policies are subject to change without notice. No additional coupons, passes or annual pass discounts apply.

\_\_\_\_\_

FULL SCHOOL NAME

\_\_\_\_\_

SCHOOL BOARD

\_\_\_\_\_

SCHOOL ADDRESS WITH POSTAL CODE

\_\_\_\_\_

TEACHER NAME

\_\_\_\_\_

TEACHER EMAIL ADDRESS (BOARD EMAIL ADDRESSES PREFERRED)

\_\_\_\_\_

SCHOOL TELEPHONE NUMBER

\_\_\_\_\_

ALTERNATE TEACHER PHONE NUMBER

GRADE LEVEL	NUMBER OF STUDENTS	GRADE LEVEL	NUMBER OF STUDENTS
KINDERGARTEN	_____	GR. 7	_____
GR. 1	_____	GR. 8	_____
GR. 2	_____	GR. 9	_____
GR. 3	_____	GR. 10	_____
GR. 4	_____	GR. 11	_____
GR. 5	_____	GR. 12	_____
GR. 6	_____	SPECIAL NEEDS STUDENTS	_____

\_\_\_\_\_

NUMBER OF ADULT SUPERVISORS (INCLUDING TEACHERS)

\_\_\_\_\_

PREFERRED DATE OF VISIT

\_\_\_\_\_

2ND CHOICE

\_\_\_\_\_

3RD CHOICE

\_\_\_\_\_

ARRIVAL TIME

\_\_\_\_\_

DEPARTURE TIME

TYPE OF VISIT - CHOOSE 1 ONLY  SELF-GUIDED  TANK TALK PROGRAM  CLASSROOM WORKSHOP\*

\*DUE TO SPACE CONSTRAINTS, EACH STUDENT MAY ONLY PARTICIPATE IN ONE PROGRAM PER VISIT

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WORKSHOP TITLE

SPECIAL NEEDS/ADDITIONAL COMMENTS (E.G. SPECIAL NEEDS OF STUDENTS, ESL, PHYSICAL CHALLENGES, ETC.)

OFFICE USE ONLY RES#