

Field Trip Reservation

School/Group Name:					
School Phone:					
Contact Name:					
Email:					
County: Type of organization:		_ 3011001 DISII	ICI		
O Camp O Charter O Church O College/University O High school		Middle schoolOnline		O ScoutsO Other schoolO SchoolO Other	
Student Count: Chaperone Count: Take the at Counts.		Number of children in each:			
Teacher Count:			oreschool3 <4		11 12
Member Count:(Please send copies of Membership Cards)		' 1			rellege
(, , , , , , , , , , , , , , , , , , ,		2			
Visit Date: Choice #1:		Vicit Data: (Choico #2:		TOTAL
			5110100 # 2		
	of transportation for your grou	•			
Bus 15 Person Passenger Van			•		
Expected Arrival Time:		Expected D	eparture:		
Simulator Theater		Cost: \$2.00	Qty:		
Do you require lunch space?		O YES	$_{ m O}$ NO		
Are you bringing your own lunches?		$_{ m O}$ YES	$^{ m O}$ NO		
Atomic Cafe Meal Options: Lunch payment is required a your visit. Refunds are not pe	at least two weeks in advance to s	secure food orde	rs. All lunch order	changes must be m	nade prior to
Personal Cheese Pizza, fruit cup, cookie & juice box		Cost: \$5.49	Qty:		
Mini Corn Dogs, fruit cup, cookie & juice box		Cost: \$5.49	Qty:		
Chicken Nuggets, fruit cup, cookie & juice box		Cost: \$5.49	Qty:_		
Hamburger, fruit cup, cookie & juice box		Cost: \$5.49	Qty:_		
Hot Dog, fruit cup, cookie & juice box		Cost: \$5.49	Qty:		
Turkey Croissant, chips, cookie & soda or water		Cost: \$7.99	Qty:		
Ham Croissant, chips, cookie & soda or water		Cost: \$7.99	Qty:		
Salad with chicken, 1 pkt. of dressing, cookie & soda or water		r Cost: \$7.99	Qty:_		Jan 2015