

Kohl Children's Museum Field Trip Registration Form

Please note that this is not a confirmation. Your trip is confirmed when you receive a field trip confirmation letter.

Contact Information

NAME		TITLE/POSITION
SCHOOL OR ORGANIZATION		
ADDRESS		
CITY/STATE/ZIP		
DAYTIME PHONE		EVENING PHONE
E-MAIL		
NAME OF PERSON FILLING OUT THIS FORM (if different from above)		

Program Preferences

TIME <input type="checkbox"/> 9:45–11:15 a.m. <input type="checkbox"/> 10–11:30 a.m. <input type="checkbox"/> 10:45 a.m.–12:15 p.m. <input type="checkbox"/> 11 a.m.–12:30 p.m. <input type="checkbox"/> 1:30–3 p.m. <input type="checkbox"/> Other _____ <i>(Please plan to arrive 5–10 minutes early for orientation.)</i>	30-MINUTE LUNCH ROOM REQUEST <input type="radio"/> Yes <input type="radio"/> No <i>(Lunch room is free, but availability is limited. Reservations must be made in advance and scheduled immediately before or after your field trip time.)</i>	
AGE OF CHILDREN <input type="radio"/> Under 3 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7-8		
DATE (FIRST CHOICE)	(SECOND CHOICE)	(THIRD CHOICE)
WORKSHOP TOPIC FOR FFT OR ISME (FIRST CHOICE)		
(SECOND CHOICE)		
SPECIAL REQUESTS		

Trip Cost

	NUMBER	PRICE	TOTAL
FOCUSED FIELD TRIP (minimum 16 children)		@ \$10/CHILD =	
SELF-GUIDED FIELD TRIP (minimum 10 children)		@ \$7/CHILD =	
EXTRA TIME IN MUSEUM EXHIBITS (30 minutes)		@ \$2/CHILD =	
NUMBER OF ADULTS* (one adult free for every 3 children)		@ FREE =	FREE
EXTRA ADULTS (over the 1:3 ratio)		@ \$7/PERSON =	
IN-SCHOOL MUSEUM EXPERIENCE # of children: _____ (max. 25 children) <input type="radio"/> \$225 (0-10 MILES) <input type="radio"/> \$250 (10-20 MILES) <input type="radio"/> \$275 (20-25 MILES)			
IN-SCHOOL MUSEUM EXPERIENCE (additional session, same day and location) # of children: _____ (max. 25 children)		@ \$200 =	
TOTAL DUE =			

*The Museum requires 1 adult for every 5 children.

Cancellation and Change Policy

More than 30 days in advance = full refund

Less than 30 days in advance = no refund

Please initial here

- _____ Confirmed field trips that do not show up will be **CHARGED THE FULL AMOUNT.**
- _____ Payment is expected for the full confirmed amount regardless of absent children.
- _____ Field trip fees are applied to all children, including Museum members.

Payment Method

To guarantee your field trip, check, money order, or credit card information **must be provided** with your registration form.

- Check or money order enclosed, payable to **Kohl Children's Museum**
- Chicago Public Schools purchase order # _____
- Please use my credit card to hold this trip. Another form of payment will be submitted on or before the day of the trip. I also acknowledge that I have read and accept the Museum's field trip policies. Initial here: _____
- Please charge \$ _____ to my credit card:

Chicago Public School Vendor # 14724

Mail, Fax or E-mail form to:

Kohl Children's Museum
 2100 Patriot Boulevard Glenview,
 IL 60026
 Tel: (847) 832-6923
 Fax: (847) 724-6469
 e-mail: fieldtrips@kcmgc.org



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Expiration Date:

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 Visa Mastercard
 AmEx Discover

Signature: _____