



Field Trip Registration

432 Fashion Way Burlington, WA

(360) 757-8888

www.skagitchildrensmuseum.net

info@skagitcm.org

1. **Field Trip Date:** _____ / _____ / _____ Mon Tue Wed Thu Fri

Today's Date: _____ / _____ / _____

2. **Field Trip Time:** 10:00am – 12:00pm 12:30pm - 2:30pm 3:00pm – 5:00pm
 Special Arrangement*: _____

3. Group Information:

Group Name: _____

Children: _____ (\$3 each) #Adults: _____ (free of charge)

Please note that memberships, guest passes, and coupons do not apply to field trip rates. Payment is due upon arrival.

Contact Person: _____

Address: _____

Number Street Apt. #

City State ZIP

Phone 1: () _____ home work cell (check one)

Phone 2: () _____ home work cell (check one)

Email: _____

4. Requests

Party Room for Snack

Other:

STAFF USE ONLY

REGISTRATON RECEIVED BY:

DIRECTOR APPROVAL FOR SPECIAL REQUESTS:

FINAL PAYMENTS RECEIVED BY:

PAYMENT METHOD:

CASH

CREDIT

CHECK # _____

JCB