

2017 SCHOOL FIELD TRIPS

Day / Date of Visit _____

Time: _____

School Group _____

Confirmed: _____
initial & date

CONTACT INFORMATION

NAME _____

PHONE _____

ADDRESS _____

EMAIL _____

CITY Kenosha

STATE WI

ZIP _____

Non-refundable Deposit: \$25

Admission per person: \$8

PACKAGE INCLUDES:

Unfrosted cookie

Popcorn

Petting Zoo

Pie pumpkin

Hayride

Pumpkin Talk

	Est.	Actual		Est.	Actual
Children	_____	_____	x \$8 each =	_____	_____
Adults	_____	_____	x \$8 each =	_____	_____
Teachers	_____	_____	x each =	_____	_____
Total:	_____	_____	Minus deposit	_____	_____
Estimated total due on trip day:				_____	_____

LUNCH:

SPECIAL INSTRUCTIONS

90% of estimated total:
(not including teachers)

min charge = _____

First visit: yes no

PAYMENTS *(Circle & fill in check #)*

Deposit: CASH CHECK #: _____

CREDIT CARD
(staple receipt copy to form)

Day of event: CASH CHECK #: _____

CREDIT CARD
(staple receipt copy to form)