



Museum On the Go Request Form PreSchool and Mother's Day Out

Please email completed form to fieldtrips@templechildrensmuseum.org

School Name: _____

Requested Date/Time of Visit**: _____

School Address: _____

***Please note: while we do our best to accommodate requested dates and school schedules - currently we are only available Mon., Wed. & Fri. mornings from 7:30a -12:30p for TCM visits on campus this includes travel time from Temple, TX, set-up and tear down of exhibits.*

School Contact Information

Contact Name: _____ Position: _____

Phone (Work): _____ Phone (Cell): _____ Email: _____

Age Level(s): _____ , # of Classes: _____ , # of Students: _____ ,

of Chaperones: _____ , (1:5 ratio required)

Contract Requirements:

- This completed contract is submitted to TCM no less than 2 weeks prior to the scheduled event.
- Scheduled meeting made with the responsible contact 1 week before scheduled event for site review and payment of deposit. TCM will confirm date, details of site review, and event to contacts day after meeting.

Cost:

- Base Price: \$250 for up to 5 exhibits, accommodating 50 students (\$5 per additional child) with 10 teachers/chaperones.
- Ratio of chaperone per students is **required** - \$50 per additional TCM volunteer if we have to provide chaperones.
- A deposit of \$50 is required to reserve your spot and is due the day of your scheduled TCM site walk through. Credit card payments will be accepted but will be subject to a fee recovery charge.
- Payment in full is due 1 week prior to your field trip.

Choose any FIVE exhibits below:

please note: this list is constantly evolving - some exhibits may not be available on the date of your trip - we will finalize all exhibits at your scheduled site review 1 week prior to your scheduled field event.

- | | | |
|--|--|--|
| <input type="checkbox"/> Tots Paws&Claws Veterinary Clinic | <input type="checkbox"/> Magnet Bottles | <input type="checkbox"/> Tent and Tunnel |
| <input type="checkbox"/> Tots Grocery Store | <input type="checkbox"/> Chalk Table | |
| <input type="checkbox"/> Tots Construction Zone | <input type="checkbox"/> Tile Water Painting | |
| <input type="checkbox"/> Small Ball Pit | <input type="checkbox"/> Peek A Boo Caterpillar | |
| <input type="checkbox"/> Step and Slide | <input type="checkbox"/> Raingutter Regatta (water needed) | |
| | <input type="checkbox"/> Wind Tunnel | |

By signing below I understand that Terms and limitations apply. This request form does NOT guarantee the date/field trip requested. Submitter must receive an invoice for final confirmation. In case of cancellation, 30 days prior notice from date scheduled is required for a refund. No refunds will be given for less than 30 days notice.

Printed Name: _____

Signature: _____ Date: _____



For Museum Use Only

Field Experience Request Form

Date Completed Contract Received: _____

School Name/District: _____

Requested Date/Time of Visit** _____

School Address: _____

For Museum Use Only

Co-Payment Received:

From: _____

Date: _____ Amt: _____ Received By: _____

Method of Payment: _____ Check #: _____

Remaining Owed: _____

Full Payment Received:

From: _____

Date: _____ Amt: _____ Received By: _____

Method of Payment: _____ Check #: _____