

(7) Total in group (total lines 3-6)



## **2024 Field Trip Form**

No personal checks or discount coupons will be accepted. No exceptions.

All groups are encouraged to register for their visit at least 2 weeks in advance. To register for a field trip with or without a program, visit <a href="https://scz.org/field-trips">https://scz.org/field-trips</a> Your registration is not complete until you receive confirmation from an SCZ staff member.

- This form must be completed before you arrive at the gate. Provide **one** form per transaction and assign one person to present the form and payment at the ticket window.
- Title-1 schools are required to schedule a complimentary learning program to receive the Title-1 rate. To ensure availability, programs must be scheduled at least two weeks in advance. Title-1 schools not registered for a program will pay regular school rates.
- Any guests not included on this form will not receive the school group rate and must pay regular admission rates.
- Any group not registering in advance will not get the discounted field trip rate below and will be charged a walk up field trip rate of \$6.50 per person.

Payment Types: Credit Card / Business Check / PO to Invoice the School / Cash will be accepted, but not preferred.

Group Inf	ormation	IN	) personai	checks of discount	coupons will be	e accepted. No excep		
Name						•		
Address_		C	ity		State	Zip		
Contact_				_ Phone				
E-mail								
ate and	(1) # of paying children/students  (2) # of paying adults							
	(3) Total # of paying guests (lines 1-	+2)						
	Total Due  *Tax will be added for groups that are not exempt.	Total # from line 3	x	\$5.25 School Rate \$3.25 Title-1 Rate	= \$			
	(4) # of complimentary chaperones (1 free per 10 paying children from line 1, must have full 10 paying children)							
	(5) # of children under age 3							
	(6) # of 700 members (list pass num	hers helow & atta	ch addition	al sheet if needed)				

Membership Information Memberships that are expired will be added to the total above and may be billed separately

Member Name and Barcode #	# Attending	Member Name and Barcode #	# Attending
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