



FIELD TRIP REQUEST FORM

SCHOOL/ORGANIZATION INFORMATION

School/Organization: _____ Daytime Phone: _____

Mailing Address: _____

School District: _____ Principal: _____

CONTACT INFORMATION

Name: _____ Phone: _____

Email: _____ Title: _____

*Mailing Address: _____

**Provide this address if you would like all materials to be sent directly to you.*

FIELD TRIP INFORMATION

Type of Field Trip: (please check one)

_____ Teacher's Choice

_____ Guided Field Trip

_____ Focus Field Trip: _____ (Indicate type of Focus Field Trip)

Visitor Information:

Number of Kids: _____ Age Range: _____

Number of Chaperones: _____ ***We require one chaperone for every five students.***

Date of Field Trip:

1st Choice Date: _____ Arrival Time: _____ Departure Time: _____

2nd Choice Date: _____ Arrival Time: _____ Departure Time: _____

3rd Choice Date: _____ Arrival Time: _____ Departure Time: _____

Send this completed Field Trip Request Form to **Attn: Museum Reservationist** at the address below, or **fax** it to **(412) 322-4932**. Inquiries can be made at **(412) 322-5058, ext. 240** or **reservations@pittsburghkids.org**.

***PLEASE NOTE:** MUSEUM RESERVATIONIST WILL CONTACT YOU IN WRITING TO CONFIRM ALL FIELD TRIP REQUESTS.