



BRETHREN & MENNONITE
HERITAGE
CENTER

SCHOOL FIELD TRIP REGISTRATION FORM

Name of School:

Grade:

Number of Students: _____ + Number of Chaperones: _____ = Total Paid _____

Number of School Personnel (no charge): _____

Cost: \$8 for each chaperone and \$8 for each student; school personnel no charge

Name of Contact Person:

School Address:

Phone number:

Cell phone number:

E-mail address:

Date of Field Trip:

Rain Date:

Time of Arrival: 9:30 a.m.

Time of Departure: 1:30 p.m.

Will pay as a group:

On day of the field trip

___ in cash ___ by check

___ Check will be mailed by the school

Send invoice to school: ___ Yes ___ No

Invoice sent to the attention of:

Students with allergies to: Milk _____ Wheat _____ Other:

Other information:

___ Check here to grant permission for photographing children for publicity purposes

Teacher's signature _____ Date _____

BMHC Coordinator's Signature _____ Date _____