



## Field Trip Registration Form

**School Information:**

School Name: \_\_\_\_\_  
 District: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 School address: \_\_\_\_\_  
 City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Teacher Contact Information:**

Field Trip Lead Teacher Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Field Trip Assistant Teacher Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Class Information:**

Grade: \_\_\_\_\_ Number of Students: \_\_\_\_\_  
 Number of Chaperones\*: \_\_\_\_\_  
 \*Must have 1 adult chaperone for every 10 students

**Date Selection:**

Preferred date: \_\_\_\_\_  
 Secondary date (if preferred is unavailable): \_\_\_\_\_  
 Time of arrival: 9 AM  10 AM  11 AM   
 Will your class bring and eat lunch at MWL? Yes  No

Payment Method: Cash  Check   
 Total number of participants \_\_\_\_\_ x \$8 =  
 Total due \$ \_\_\_\_\_

**Dates available for field trips highlighted in red box**

2018 NOVEMBER						
SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

2018 DECEMBER						
SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

**Additional Notes:** \_\_\_\_\_  
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Please submit completed registration form to [info@magicalwinterlights.com](mailto:info@magicalwinterlights.com)