



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:

Availability every weekday 9:00 to 1:00 from November 18 - December 20, 2019.

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 \$ _____

Additional Notes: _____

Please submit completed registration form to info@magicalwinterlights.com with the subject "Field Trip Registration"