



Field Trip Application & Agreement

Name of Organization: _____

Address: _____

Date of Field Trip : _____ Time: _____

Contact Name : _____ Contact Cell: _____

Contact Email : _____

Check one _____ Upstairs Gym _____ Downstairs Gym

Check one _____ 1 Hour Field Trip No Inflatables _____ 1 1/2 Hour Field Trip No Inflatables

Check one _____ 1 Hour Field Trip Inflatables _____ 1 1/2 Hour Field Trip Inflatables

Approximate number of attendees _____ Approximate age range of guests _____ Number of chaperones attending: _____

Estimated balance due : \$ _____

I understand that payment in full is due prior to the start of the field trip and that all participants must have a signed waiver and consent form turned in to participate in the field trip.

Authorized Signature _____ Date: _____

Field Trip Rates

No Inflatables

1 Hour Field Trip	1-20 Guests.....\$8.00 Each	21-35 Guests.....\$7.00 Each	36+ Guests.....\$6.00 each
1 1/2 Hour Field Trip	1-20 Guests.....\$10.00 Each	21-35 Guests.....\$9.00 Each	36+ Guests.....\$8.00 each

With Inflatables

1 Hour Field Trip	1-20 Guests.....\$10.00 Each	21-35 Guests.....\$9.00 Each	36+ Guests.....\$8.00 each
1 1/2 Hour Field Trip	1-20 Guests.....\$11.00 Each	21-35 Guests.....\$10.00 Each	36+ Guests.....\$9.00 each

Special Instructions:

Office Use Only

Date Received : _____ Date Approved: _____

Actual Number of Guests: _____ Balance Due: _____ Date Paid: _____ check / cash / cc