SMNHC Field Trip Registration Form

School/Group:_____ **Date of Visit:** _____

District/Organization:_____

Phone:_____

Alternate Phone:_____ **E-mail:**_____

Contact Person:_____ **Principal:**_____

School Hours:_____ **1/2 Day Wed.?**_____ **Year-round?**_____

Time Here (arrival/departure):_____ Students with special needs or wheelchairs? What type?

CLASS INFORMATION: (Including special ed.) **please indicate lead adult on trip

Teacher Name	**# of students/ages**
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Number of classes / groups coming: _____
(Small groups of special ed. students are usually integrated into the regular ed. groups for this trip.)

Have you ordered your buses? _____

Notes

Date	Comment

Confirmation packet sent ____ e sn

Non-APS schools:

I Prefer: (e or snail) mail.
School Address:

Would teachers be interested in our ecology curriculum or attending a curriculum or ecology Workshop?_____

PLEASE FILL OUT & FAX OR E-MAIL TO SMNHC ASAP
FAX: 286-5433 Questions? CALL: **281-5259/ 264-2054**
If you are unable to FAX send via APS mail : "SMNHC" or call us.