

Field Trip Request Form

All reservations must be submitted at least 4 weeks in advance

Please select	one ☐ In-State M	laryland School	☐ Out of State School				
ls your schoo	our school ☐ Public ☐ Private			☐ Title One			
Name	of School						
Addre	ess of School						
City _	City			State Zip			
Count	(required for all Marylo	and School Groups)					
School Phone Number			F	_ Fax Other			
Teacher in Charge			E	Email			
	dates 1st Choice (please note, 10am is the				/ 3rd Choice	_11	
Grade Level o	of Students						
EXHIBIT AD	MISSION						
Approximate Number of Students			Teachers	s	Chaperor	nes	
	Costs for Ma Students: FR Teachers: FR Chaperones:	REE		Costs for Out Students: \$8.5 Teachers: FRE Chaperones: \$	E		
Would you lil	ke to see a/an	☐ Davis Planetar	ium Show	□IMA	X Show (an additional \$7.50) per person)	
Is there a spe (Please check our	ecific show you wo Opportunities Guide for s	how schedules. Click h	ere to view the gu	uide online.)	Time		
Would you lil	ke to schedule an	Enrichment Prog	ram?				
☐ Enrichmen	t Experience 🗆 O	bservatory (an add	ditional \$7.50 pe	er student)			
Enrichment Title							
Would you lil	ke to visit the Kids	Room? (an addition	nal \$2 per studen	t) 🔲 Entry Ti	me		
		_					

Please submit this form by saving this filled out PDF document and emailing it to fieldtrips@marylandsciencecenter.org or click the SUBMIT button to the right to submit this form via Outlook.

Please note: This is not a reservation! A reservation confirmation will be generated using this form.