

## **Field Trip Visit Confirmation Form**

2022

Group Name:		Date of Visit:	Day:	Time:
Contact Person:	Date Called:			
Phone number:	E	Email address:		
Address:		City:	State:	Zip:
SCHOOL: Ages (s):	_ # of Students:	# of Adults (1 per eve	ery 8 students recommended): _	Total:
Special Needs or Requests:				
Besser Museum Staff will work with teachers to plan a museum fieldtrip experience tailored for your students needs. Teachers can schedule a visit lasting between 2 to 4 hours depending on activities and availability.  FEES PER STUDENT  Museum Experience Only \$3 Planetarium Show Only \$3 Museum + Planetarium \$5				
Number of Students:x \$ (cost per student) = Total Due \$ No charge for Teachers and Adult Chaperons (1 per every 8 students)				
<ul> <li>A \$20.00 non-refundable de should be sent as soon as pe confirmed until this deposition.</li> <li>Please make checks payable</li> </ul>	ossible to guarantee the tis received. e to Besser Museum for Attn: Education C	e date and time that you Northeast MI Coordinator or Northeast Michigan		· · · · · · · · · · · · · · · · · · ·
If you must cancel your visit     Phone (989) 356-2202; ema			2.	
Initials of	<b>Tea</b> verifying teacher (f	acher Verification irst, middle, last):	Date:	