



School Field Trip Registration Form

Name of School: _____

Contact Person: _____ Phone #: _____

E-mail Address: _____

Student Grade Level(s): _____

Proposed Date of Visit:

1st Choice: _____ 9 am | 9:30 am | 10:00 am | 10:30 am | 11:00 am | 11:30 am

2nd Choice: _____ 9 am | 9:30 am | 10:00 am | 10:30 am | 11:00 am | 11:30 am

3rd Choice: _____ 9 am | 9:30 am | 10:00 am | 10:30 am | 11:00 am | 11:30 am

Total Students: # _____ Total School Chaperones/Teachers: # _____

TOTAL Visitors (150 maximum per time slot) # _____

Type of vehicle(s) for transportation: *Bus* *Individual Vehicles* *Other:* _____

Any Special Considerations?

Please estimate the info below to help us serve your students better!

% of students from low income households: _____ % of students with special needs: _____

Submit by email: fieldtrips@wildlifeimages.org

****You'll receive a reservation confirmation by email.***