

Field Trip Request Form

To schedule your field trip, please complete this form and submit it to the Museum via email.

Please use one form per field trip.

About Your Group:	
School Name:	
School Phone:	
Your Name:	
Your Phone:	
Your E-mail Address:	
Number of Students:	Number of Teachers:
Student Grade Level(s):	Number of Chaperones:
Please identify any special accommodation y	your group might need:
Special Education	■ ESL
Physical Disabilities	Other (please specify):
Where did you hear about Wenatchee Valley ☐ Museum ☐ Friend ☐ A	Museum field trips?
Step 1: Select Field Trip: Select only one opti	ion per day ow
Native American (3rd Gra	· —
☐ Explorer (4th Grade) ☐ Water Ways (5th Grade)	☐ Wenatchee Pioneer Life☐ First Peoples
My Sky Tours	☐ Washington State History
Pioneer Life (1st Grade)	_ ,,
Step 2: List choice dates for visit Date of visit: (available Tuesday - Friday) If your preferred slot.	requested date is not available, you may be booked in your next
1st choice: Date of visit: 2nd Cl	hoice: Date of visit: 3rd Choice: Date of visit:
Step 3: Visit our Museum Store: Would you	like time to shop the Museum Store?
Step 4: Submit Field Trip Request: Phone:	(509)888-6240 or Email: aholman@wvmcc.org
Reservations are not confirmed until you receive our coassociated with your visit. Full payment is due upon an changes in final count you must contact us at least 5 but	rival. For rescheduling, cancellations or