



FIELD TRIP RESERVATION FORM



School Name: _____

School Phone Number: _____

Field Trip Coordinator: _____ **Cell Phone:** _____

E-Mail Address: _____

School Address: _____

City, State, Zip: _____

First Choice Date: _____ **Second Choice Date:** _____

Arrival Time (Ski & Board trip only): (circle one) **9:15am** **10:00am** **Bus** **Car**

Skiing & Boarding	# of students Skiing	# of students Boarding	Total
	# _____	+ # _____	= _____ \$25
Number of Chaperones	# _____ (Ski or Snowboard)		
Number of Additional Lunches	# _____ \$3.00 each		\$ _____
\$50 Deposit Taken: (circle one) Cash Check Visa MC Discover			(-\$50) _____
Final Payment (circle one) Cash Check Visa MC Discover			\$ _____

Science of Tubing		
Number of Students:	# _____	\$ _____ \$15
Number of Chaperones:	# _____	
Number of Additional Lunches	# _____ \$3.00 each	
\$50 Deposit	Cash Check Visa MC Discover (-\$50) _____	
Final Payment (circle one)	Cash Check Visa MC Discover \$ _____	
Dates for Science Of Tubing: (circle one) 1/15 1/29 2/12 2/26 (10am-2pm)		

Please fax back 48 hrs in advance to 1-330-657-2569 Attn: Group Sales
A Tax-Exempt form will be needed upon time of arrival.

Date of Deposit: _____
Sales Rep Initials: _____

CONFIRMED GROUP RESERVATION 48 HOURS IN ADVANCE. (OFFICE ONLY)
CHECK YES _____ INITIALS _____