Field Trip Reservation Form

I would like to reserve a time for a field trip for our school. I am submitting the following data, and wish to be contacted to confirm our field trip.

Coordinator: _____
Contact phone number: _____
contact e-mail address_____
Name of School/Church/Group:_____
The age range of the children coming_____
The number of children that will be coming_____
Number of chaperones/teachers that will be coming: _____
Date and Time desired: _____
How did you hear about the "A MAZE-ING GRAZE"_____

Additional information that may be relevant for this trip:

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Please Fax this form to: 503-621-3988