

CHILDREN'S MUSEUM OF SOUTH DAKOTA FIELD TRIP FORM

Group Name _____

Address _____

City _____

State _____

Zip Code _____

Phone _____

Contact Name _____

Contact Phone _____

Email _____

Field Trip Date Requested _____

All groups visiting the museum will be invoiced after the visit. All guests will be charged tax unless the museum has a completed tax-exempt form on file.

Billing Contact _____

Billing Address _____

Scholarships are available for schools that have a Free/Reduced Lunch % of 40% or higher

School Free/Reduced % _____

Museum Policies

- Admission is \$8.00 + tax per person (children/adults/teachers).
- All guests will be charged tax unless we receive a certificate of exemption.
- The Children's Museum of South Dakota will not accept any payments prior to or the day of your visit. You or your school will be invoiced following your visit.
- A late fee will be charged if we have not received payment after 90 days.
- The Children's Museum of South Dakota requires all groups to follow our 1 to 5 adult to child ratio.

Please submit applications to

Children's Museum of South Dakota
521 4th Street
Brookings, SD 57006
or email: bookit@prairieplay.org

Signature _____ Date _____

Internal Use Only:

Approved Y/N _____ Emailed Confirmation Y/N _____

Scholarship Qualifications Y/N _____ Scholarship Approved Y/N _____

Amount of Scholarship \$ _____

Field Trip Date _____ # of Students _____ # of Adults _____