

Children's Museum of Brownsville  
Field Trip Request Form

Please print, read and fill out complete form and fax to (956) 504-1348.

School: \_\_\_\_\_ Requested Date of Visit: \_\_\_\_\_

School Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

School/Work Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Optional:  Craft Workshop (in museum or take home available with regular admission of \$5.00/pp)

Stuffed Presentation– 30 minute program – excludes craft workshop  
(Available with regular admission of \$5.00/pp) \*\*

Time of Field Trip:  9:30 am – 11:30 am  12:00 pm - 2:00 pm (Please select only choices given)

Grade Level \_\_\_\_\_ No. of Classes \_\_\_\_\_ No. of Students \_\_\_\_\_

No. of Teachers/Para-Professionals: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please note that this form is a request only and does not guarantee the date/field trip requested – unless a PO Number is provided, a 50% deposit check is delivered, or the total invoice is paid in full for the proper amount of guests visiting. Absolutely **NO REFUNDS** on payments made over the amount of field trip cost or **NO CREDIT** given for children, teachers/para-professionals who do not attend field trip who were originally reserved prior to visit or who do not participate in presentation or arts/craft workshop. Chaperones are not included on invoice; the chaperone entrance fee is the \$5.00 regular admission to the museum. 100 guest maximum. Thank You!

\*\* STUFFEE: Recommended for K-2nd Grade. Our 7 foot friend, Stuffed will help children learn about their bodies and learn tips for staying healthy. Participants will not be able to resist this enormous doll, which features removable digestive organs that children can touch and feel, creating a wonderful sensory experience. This program will engage children's senses and inspire them to understand how their bodies work.

**For Staff Use Only**

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Est. Cost: \_\_\_\_\_ Est. Total: \_\_\_\_\_ Est. Deposit: \_\_\_\_\_

Deposit Amt. Pd.: \_\_\_\_\_ Date: \_\_\_\_\_

Field Trip Date: \_\_\_\_\_

Children's Museum of Brownsville  
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