



REGISTRATION FORM: FIELD TRIP



WHEN?

Date for Field Trip: _____ Time: _____

Day of the Week: M T W Th F Sa Su

WHO?

Name of the Group/Organization/School:

Address: _____

Ages or Grade of Students: _____

Contact Person: _____

Phone: _____ Email: _____

HOW MANY?

Number of Students: _____ @ \$3.50/student = \$_____

Each group needs to be accompanied by at least one adult chaperone;
chaperones attend free of charge.

Number of Adults/Chaperones: _____

Name of Adult in Charge: _____

Your payment must be included with this registration form to confirm. A \$20.00 nonrefundable fee is charged if you cancel your field trip.

Date you are submitting this reservation: _____

Return this form with payment to: **Theo Art School**
1810 Schafer Street
Bismarck, ND 58501

Call if you have questions: **701-222-6452**