

Frederik Meijer Gardens & Sculpture Park

School Group Registration

ACT _____

P.E. _____

Guided _____

Self-guided _____

Program/Add-on _____

Tour Date _____ Tour Day _____

Tour Time (from) _____ (to) _____ Arrive by Bus ? yes no

ORGANIZATION'S NAME _____

Address _____

City _____ Zip: _____

District _____

Teacher _____ email: _____

Work Phone _____ Home Phone _____

Best Time to Call: _____ Fax Number _____

Numbers in Group: Adults _____ Children _____ Special Needs _____
 Grade Level _____

ratios: 1:4 PS, 1:6 EL, 1:8 MS, 1:10 HS

special pricing/scholarship transportation

Students (Age 3 through HS)	_____	\$3.00
Chaperones	_____ x	\$3.00
Non-chaperones	_____ x	\$7.00
Programs/Add-ons	_____	\$5.00
Deposit.....	_____	\$50.00

Lunches yes/no Time _____

TOURS	PROGRAMS
Big Picture Science Rainforest Preschool Other _____	Indoor Sculpture Sculpture Gallery Sculpture Park Careers Fitness Farm _____ LMCG _____ Wetlands Other _____
NOTES / Special Requests _____ _____ _____ _____ _____ _____ _____ _____	CLASSROOM USE: _____ time <input type="checkbox"/> lunch <input type="checkbox"/> add-on _____ <input type="checkbox"/> other _____ Room: _____ Cost: \$ _____
	Date started: _____ Confirmation Sent: _____ Calling History: _____ _____