



**FIELD TRIP CONFIRMATION FORM
Home School Groups**

**Campus Martius and Ohio River Museum
601 Second Street
Marietta, Ohio 45750**

**740-373-3750
Fax: 740-373-3680
www.campusmartiusmuseum.org**

Please mail or fax this form ASAP.

Please print

School name _____

Address _____

City, State, ZIP _____

Lead teacher name _____

Phone _____ Fax _____ Teacher e-mail _____

FIELD TRIP INFORMATION

Date of field trip: 1st choice _____ 2nd Choice _____

Arrival time _____ Departure time _____

Grade level (circle one) 2nd 3 rd 4th 5th Other _____

Check museum(s) you will be visiting: _____ Campus Martius _____ Ohio River _____ Both

Total number of students _____ (minimum 20 students, ages 6 and up)

FEES: TOURS ONLY- \$3 / student per museum; \$4 student for both museums

PROGRAMS - \$6/student programs for one museum, \$7/student programs for both museums.

Fourth grade Achievement Advantage: \$4 per student

PLEASE LIST PROGRAM CHOICES BELOW: (see list of programs)

Total number of adult chaperones _____ (\$3 / chaperone; \$4 if touring both museums)

* Person making the arrangements for the field trip receives free admission.

Authorized signature*

Date

* Authorized signature is person making the reservation. Required for field trip confirmation.