



Student Group Admission Ticket

Complete on day of visit for accurate count of students
One form for each bus

Date of visit:

Scheduled time of visit:

Name of school:

School Zip Code:

Group leader name:

Group leader cell phone number:

Group leader email:

Number of students: X \$6 each = \$

Number of adult chaperones: X \$8 = \$
Viewing the virtual reality

Number of adults: FREE = \$
NOT viewing the virtual reality

Total Due Prior to Entry: = \$

By signing below, I agree I have read and understood the information provided in the field trip guide.

Group leader signature:

Bus drop off on 8th street. Please wait on the bus until greeted by staff.

Bus pickup in front of building.

Thank you for visiting Route History Museum!