



Field Trip Registration

School or Organization Name: _____

Number of children in group: _____ Age range of children _____

(Minimum number of students for a group is 25)

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact's Cell Phone: _____

Contact's email: _____

Field Trips are offered Monday – Friday from 8 a.m. - 2:45 p.m. Please list at least 2 days that you desire for your group.

Choice #1: _____ Choice #2: _____

What arrival time would you like to reserve for your group? Please circle 2 choices.

8:00 a.m. 8:30 a.m. 9:00 a.m. 9:30 a.m. 10:00 a.m. 10:30 a.m. 11 a.m. 11:30 a.m.
12:00 p.m. 12:30 p.m. 1:00 p.m. 1:30 p.m.

We do not allow group arrivals after 1:30 p.m. We want to allow your group plenty of time to explore before we begin our weekly afterschool programming. All groups must depart by 2:45 p.m.

PAYMENT* (Includes: All activities, supplies, and materials)

of students _____ x \$10 (**without** snack) = \$ _____

OR

of students _____ x \$12 (**with** snack) = \$ _____

*Payment must be received IN FULL at least 2 weeks prior to visit to receive group rate.

Please return with payment to: Central Creativity 442 N.6th Ave., Laurel, MS 39440