



# FIELD TRIP REQUEST FORM

[www.msagmuseum.org](http://www.msagmuseum.org)

Fax completed form to (601) 982-4292 or Email to [msagmuseum@mdac.ms.gov](mailto:msagmuseum@mdac.ms.gov)

Name of School/Organization	Address
Contact Person	City/State/Zip
Contact Cell Phone	School/Organization Phone
Email	School/Organization Fax
Age/Grade Level of Children	Number of Chaperones & Teachers*

*\*1:10 chaperone to child ratio recommended*

- This form will not be accepted if the date requested is during a Special Event
- For additional educational information please email [msagmuseum@mdac.ms.gov](mailto:msagmuseum@mdac.ms.gov)
- Allow at least 90 minutes to visit the museum
- Would your group like to visit the General Store during your museum visit? **Yes** **No**  
*(General store sells souvenirs, toys, drinks, and snacks, including penny candy)*

## GROUP ADMISSION RATES

<u>GROUP TYPE</u>	<u>NUMBER IN GROUP</u>	<u>COST PER PERSON</u>
STUDENTS (Ages 3-17)		\$3 each
TEACHERS/ CHAPERONES		For every 10 paying students, 1 adult admission will be complementary
ADULT GROUP		\$5 each (if adult is paying with the group)
<u>ADDITIONAL ACTIVITIES</u>		
TRAIN RIDE (all ages)		\$1 each
CAROUSEL RIDE (K and under)		\$1 each
POPCORN & COKE		\$2 each

***Adults not paying in the same transaction as the group will be charged the regular rate of \$6***

*\*A confirmation including your total price will be sent to the teacher via email or fax\**

***\*\*Prices do not apply to special events. See website for more information\*\****

### When would you like to visit?

Date of Visit \_\_\_\_\_ Time of Visit \_\_\_\_\_

Principal Signature \_\_\_\_\_ Teacher Signature \_\_\_\_\_

### MUSEUM USE ONLY

RECEIVED BY: \_\_\_\_\_ RECEIVED ON: \_\_\_\_\_ CONFIRMATION SENT: \_\_\_\_\_  
 Pre-paid amount received \_\_\_\_\_ Method of Payment: cash/check/po-po/ch#: \_\_\_\_\_