

FIELD TRIP REQUEST FORM



2025-2026

Email completed form to 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
- 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

GROUP TYPE	NUMBER IN GROUP	COST PER PERSON
STUDENTS (Ages 3-17)		\$3 each
TEACHERS/ CHAPERONES		For every 10 paying students, 1 adult admission will be complementary
ADULT GROUP		\$7 each (if adult is paying with the group)
ADDITIONAL ACTIVITIES		
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 \$8

* 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/check#: _____