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**GROUP VISIT CONTRACT AND CONFIRMATION- Please read carefully!**

**Your signature confirms your agreement to our terms of visit and reserves your field trip to Sturgeon City as stated below. Please complete the information below and email to programming@sturgeoncity.org, or fax to us at (910) 938-0053. If you have any additional questions, please contact our Program Coordinator at (910) 938-5079 or at programming@sturgeoncity.org.**

* **Payment is due the morning of the program.**
* **We will arrive 30 minutes prior to program to set up and will need an additional 30 minutes for clean-up. This happens outside of the scheduled time.**

Click or tap here to enter text.

**Signature (electronic or hand-written)**

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| **Date of Group Visit:** Click or tap here to enter text. | **Arrival Time:** Click or tap here to enter text. | **Duration: Typically 1 hour but dependent on students and topics** |
| **Organization Name:** Click here to enter text. |
| **Street Address:** Click here to enter text. | **City:** Click here to enter text. | **State:** Click or tap here to enter text. | **Zip:** Click or tap here to enter text. |
| **Contact Name:** Click or tap here to enter text. | **Phone:** Click here to enter text. | **Email:**Click here to enter text. |
| **Number of Children:** Click or tap here to enter text. | **Grade:** Click or tap here to enter text. | **Program Topic:** Click or tap here to enter text. |
| **If you would like to choose, please specify which stations (30 minutes for each station):** Click here to enter text. |

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| **Item** | **Rate** | **Quantity** | **Total** |
| **Student** | $5 each | Click here to enter text. | **$**Click here to enter text. |
| **Chaperones****(Teachers free)** | $5 each | Click here to enter text. | **$**Click here to enter text. |
|  | **Total Due:** | **$**Click here to enter text. |

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| **Action** | **Date** | **Initials** |
| Entered into Calendars and Sign Up Genius |  |  |
| Confirmation Sent |  |  |
| 48 Hour Confirmation Sent |  |  |

**For Internal Use Only** |