Field Trip Order Form



Office Use Only	Initials	Date Received	Order No

- To be eligible for the Pay in Advance Group Rate (\$10.95/person), a minimum purchase of twenty (20) tickets must be made and paid for one (1) week or more in advance.
- To be eligible for the Pay on Arrival Group Rate (\$12.95/person), a minimum purchase of twenty (20) tickets must be made 24 hours or more in advance and paid for upon arrival.
- To be eligible for the Title 1 School Ticket Rate (\$5.95/person) at least 40% of students must qualify for free or reduced meals, a minimum purchase of twenty (20) tickets must be made and paid for one (1) week or more in advance.
- For every twenty (20) tickets purchased, your group will receive one (1) FREE ticket.
- · Cancellation Policy: All tickets are non-refundable. In case of cancellation, tickets are valid 1 year from purchase date. Field Trip Enhancements must be canceled at least four (4) weeks in advance of the visit date.

General Information															
School Name					Date of Visit								Arrival Time View seasonal hours at		
Contact Name		Street	Address	S								spacece	enter.org/	hours	
City State		Zip Code					Phone Number			<i>j</i>	Alt. Phone Number				
Email Address (Will receive confi	rmation ema	il)		– Sc	chool T	ax ID Nu	mber	Distri	ct Nam	е					
Check which grade(s) you teach:	□ Рге-К	□K	□1	□2	□3	□4	□5	□6	□7	□8	□9	□10	□11	□ 12	
Check which subject(s) you teac	n: 🗆 Math/S	cience	□Lar	iguage	Arts	Socia	al Studie	es 🗆	Other _						
ls your school designated as a Tit Title 1 status will be verified prior to pa					of the ap	oproval ap	plication	ı status v	ia email	within 10	busines	s days.			
Admission Tickets															
Office Use Only Initials _		1	No. of F	Paid Ti	ckets				No. o	f Comp	Ticke	ts			

Ticket Type		Price per Person	Quantity	Total		
Pre-Paid Group Tickets	Orders prepaid one (1) week or more in advance. Minimum: 20	\$10.95				
Pay On Arrival Group Tickets	Reservation required 24 hours prior to visit date. Minimum: 20	\$12.95				
Title 1 School Tickets	At least 40% of students must qualify for free/reduced meals. Minimum: 20	\$5.95				
Complimentary Tickets	One (1) free admission ticket for every 20 prepaid tickets purchased	Free				
Total Cost of Admission Tickets						

Field Trip Enhancements (optional)

Select 2 or more times if applicable. Must be booked four (4) or more weeks in advance.

Ticket Type		ipants Max	Select Time(s)	Price per Person	Quantity	Total
Starship Gallery Tour (Gallery Only)	20	30	□10:15 □11:45 □1:00 □2:30	\$5.00		
STEM Classroom Experience*	15	25	□10:30 □12:00 □1:30	\$7.00		
*Pacad on availability: Pacasyations toam saviou	o and aar	firm				

Total Cost of Field Trip Enhancements

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Meal Tickets

Туре		Description of Meal O	ptions		Price per Person	Quantity	Total		
1	Bag of Lay's F Drink: Choice Group food orde including the cho	ch: Choice of Turkey (QTY:) Potato Chips of Gatorade (QTY:) or Bo rs are required to be confirmed a minin bice of how many of each choice is need group in The Food Lab during their desi	ottled Water (QT) num of 10 days in a ded. Orders will be	Y:) advance of arrival, prepared and	\$12.00 plus tax, if not tax exempt				
2	2 Includes choice of either: Chicken Tenders with Ranch Sauce, Potato Wedges and Whole Fruit All Beef Hot Dog with Potato Wedges and Whole Fruit Drink: Choice of Gatorade (QTY:) or Bottled Water (QTY:)								
3	 Pulled Pork : Drink: Choic Group must order must be confirm 	ce of either: neese or Pepperoni Pizza and Who Sandwich, House-made Potato Ch e of Gatorade (QTY:) or B er all the same hot item, individual order ed a minimum of 10 days in advance of group in The Food Lab during their desi	nips, Pudding Cu ottled Water (Q rs are not available arrival. Orders wil	Y:) at this time. Orders be prepared and	\$14.00 plus tax, if not tax exempt				
				Т	otal Cost of M	eal Tickets			
first-serve your buse Dietary re- products, reservatio	ed basis. The covere es until it is time to ea equirements: Please and other potential	side the center. We do have a covered p d portion seats approximately 75 peoplet. If your bus will be leaving, please arranged be aware that items are prepared in a fallergens. If there is a concern with the erect you to any alternative options.	e and the perimeto ange a time for it to acility handling an	er seats an additional 50. return to obtain your lun d preparing with egg, milk	Coolers and lunch iches. k, wheat, shellfish, s	es should be sto soy, peanut and	red inside of tree nut		
				Total P	ayment Due:				
						Added from all	Total Cost fields		
Paymen	t Method (No I	Purchase Orders)							
Compan (No Perso	ny Check onal Checks)	☐ Pay on Arrival (\$12.95)	□Visa	☐ American Expre	ess 🗆 Ma	sterCard	□ Discover		
Credit C	ard Informatic	on							
Name on C	Card		Card Numbe	Γ		Expirat	ion Date		
Method o	of Delivery								
☐ Pick Up	In Person (Free)	Name of Person Picking Up:							
□ Email (F	,	Email Address: (if different from	above)						
☐ Ship (\$2	20)	Mailing Address: (if different from	n above)						