cMoe Field Trip or Group Visit Request Form

Let's start planning your visit to cMoe! Fill out the form below and we will follow up with you to confirm details. PLEASE NOTE: This form does not guarantee your visit, but is a tool to start the planning process.

Organization or School Name			
Organization or School Address			
	address, city, state, zip		
Contact Name			
Email		Phone	
What is the best	description of your group? Preschool, Daycare or Nurse Public / Private School (K-12		Youth Organization or Camp Homeschool Group
Grade Level	# in your Group		
What is your first	choice date for a visit?	If first choice	ce is unavailable, second choice?
Preferred Arrival	Time:		
	9:30 AM	11:00 AM	12:30 PM
	10:00 AM 10:30 AM	11:30 AM 12:00 PM	1:00 PM
Type of Field Trip	•		If choosing a Focused Field Trip,
Explorer Field Trip (2 hours) Focused Field Trip (2 hours, 15 minutes)			please note below which workshop you'd like us to provide.
	ption to utilize a lunch roon you like to add this option?	n for 30 minutes a	t no additional YesNo
Additional Comm	nents / Questions:		
-	UNDERSTAND THAT THIS IS Nor availability. A staff member wil		·
alterna	ative dates / times if your preferre	d dates are unavailab	le. initials