



Sandcastles Children's Museum
129 E. Ludington Ave. PO 595
Ludington, MI 49431

Date _____
Invoice # _____
sandcastleschildrensmuseum.com

Sandcastles Field Trip Confirmation
Please take this to the museum and present on arrival.

Approximate number of students attending _____

Field trip scheduled for (date) _____ (Time) _____

Name of School or other institution _____ Contact person _____

Adult supervising during the field trip _____

Billing Address _____

Phone _____ Email _____

Admission is \$4.00 for each child (\$3.00 each for non profits). Adults are free as we encourage adult/child interaction at the museum. **An invoice will be sent following the field trip.** If you need to cancel, call Marcia at 843-4363 at least one day before the field trip.

Sandcastles' Policy for safety of the children and the museum:

1. Please discuss with students, ahead of time, proper behavior at the museum.
2. When you enter, the staff will gather your group together to review safety instructions.
3. Chaperones must supervise children in all areas of the museum.
4. One adult per 8 children are required for supervision.
5. If using the party room, the room must be left clean and neat.

Thank you for requesting to have a field trip at Sandcastles. We will look forward to seeing you and are certain that your children will have a wonderful experience. The number one rule is Have Fun!

Number of students who were present _____ Number of adults _____

Total cost _____ (to be determined upon arrival)

Staff Signature _____ Customer Signature _____