

Make a copy for your records

Section One: Required Information

School / Camp Name: _____

School Type: Public Private
 Other (Please specify, e.g. home school, youth, special education) _____

Contact Name: _____

Contact Info: Phone _____ Email: _____

School Address: _____

City: _____ State: _____ Zip: _____ County: _____

School Phone: _____ School Fax: _____ School District: _____

School Email: _____ @ _____

Grade: _____ Number of Classes*: _____ Number of Students: _____

Number of Teachers: _____ Additional Adults*: _____ (The Schiele recommends two teachers per 25 students. Teachers are admitted **FREE**. Any additional adults arriving with the group **will** be charged the student program fee.)

Section Two: Requested Date(s) of Visit (Please provide day, date and year, e.g. Monday, September 23, 2006)

First Choice: _____ Second Choice: _____ Third Choice: _____

Time of Arrival: _____ Time of Departure: _____

The Schiele Museum is open 9am-5pm Monday-Saturday and Sundays 1pm – 5pm. Please check your calendar to avoid conflicts.

Section Three: Activities

Please indicate if you would like a program, guided tour, or visit to a ticketed exhibit in the activity area. For visits without a guided experience, please write Self-Guided Tour. (No additional charge)

Grade Level	Activity	# of Students	Cost

TOTAL: _____

Section Four: Lunch Plan

- We are not staying for lunch
- We would like to eat outside at the picnic area (Max is 25 students)
- We would like to eat at Lineberger Park (No reservations required)
- We would like to order lunches from the museum. (*Please complete the order form to be included with your confirmation letter*)

Section VI: Special Needs

Please list any special needs (e.g. wheelchair) your students may have and the number of any extra chaperones who will accompany them. (In addition to those listed above)

Section V: Submit Your Form

Registration, Payment and Cancellation Information:

You can mail this form to: The Schiele Museum of Natural History, Group Reservations, 1500 East Garrison Boulevard, Gastonia, NC 28054 or fax it to 704.836.0034.

A program confirmation will be e-mail or mailed to you after we have processed your request. Your program confirmation also serves as an invoice. If you do not receive your confirmation within one week of making your request, or the confirmation does not match the request, please contact Paulette Leak at paulettel@cityofgastonia.com or 704.854.6676.

Payment

Admission and program fees are due the day of the program unless prior arrangements have been made through Group Appointments.

- Mastercard Visa Check Enclosed: (Payable to The Schiele Museum)

Card #: _____ Exp. Date: _____ Signature: _____

Cancellation Policy

If you must cancel a reservation, please call the Schiele Museum 48 hours prior to your scheduled arrival. Your school or group will be charged the full admission if you cancel on the day of your expected arrival or you do not show up for a scheduled program without notice. Acts of nature are an exception. Programs and workshops will be cancelled if the group arrives 15 minutes or more after its scheduled time and will be charged the full cost of the program. To cancel your field trip, workshop or program, please contact Paulette Leak at paulettel@cityofgastonia.com or call 704.854.6676.

As a reminder, groups have a 15 participant minimum. If your group arrives with less than the minimum, you will be charged for the minimum.