



FIELD TRIP FORM

Today's Date _____

Field Trip Date _____

Group Name _____

Address _____ City _____ State _____ Zip _____

Contact Name _____

Email _____

Phone (w) _____ (h) _____ (c) _____

Arrival Time _____

Number of Children _____

Number of Adults _____

Special accommodations:

Special requests:

Docents and Artists available (1 USG individual per 10 visitors)

This Portion is filled out by USG Administrator

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____