



Field Trip Information Form

School/Organization Name: _____

Date and Time you would like to visit: _____

School District: _____

Class/Grade/or Group name: _____

Address/City/State/Zip: _____

County: _____

Billing Address (if different from above): _____

Office Phone Number (include ext. if applicable): _____

Office Fax: _____

Field Trip Leader: _____

Leader Cell Phone: _____

Leader Email: _____

Assistant Leader: _____

Assistant Leader Cell Phone: _____

Are you tax exempt: _____

**^If yes, you must send us a copy of your tax exempt certificate prior to your field trip.
They can be emailed to smudgepaducah@gmail.com**

Tax ID #: _____

Purchase Order #: _____