

FIELD TRIP RESERVATION FORM

Fill in this form, then email to education@ripleysaquariumofcanada.com or fax to 647-435-1034.

Please note your trip is confirmed once you have received a confirmation letter from the Aquarium. All programs, prices and policies are subject to change without notice. No additional coupons, passes or annual pass discounts apply.

FULL SCHOOL NAME

SCHOOL BOARD

SCHOOL ADDRESS WITH POSTAL CODE

TEACHER NAME

TEACHER EMAIL ADDRESS (BOARD EMAIL ADDRESSES PREFERRED)

SCHOOL TELEPHONE NUMBER

ALTERNATE TEACHER PHONE NUMBER

GRADE LEVEL	NUMBER OF STUDENTS	GRADE LEVEL	NUMBER OF STUDENTS
KINDERGARTEN	_____	GR. 7	_____
GR. 1	_____	GR. 8	_____
GR. 2	_____	GR. 9	_____
GR. 3	_____	GR. 10	_____
GR. 4	_____	GR. 11	_____
GR. 5	_____	GR. 12	_____
GR. 6	_____	SPECIAL NEEDS STUDENTS	_____

NUMBER OF ADULT SUPERVISORS (INCLUDING TEACHERS)

PREFERRED DATE OF VISIT

2ND CHOICE

3RD CHOICE

ARRIVAL TIME

DEPARTURE TIME

TYPE OF VISIT - CHOOSE 1 ONLY SELF-GUIDED TANK TALK PROGRAM CLASSROOM WORKSHOP*

*DUE TO SPACE CONSTRAINTS, EACH STUDENT MAY ONLY PARTICIPATE IN ONE PROGRAM PER VISIT

WORKSHOP TITLE

SPECIAL NEEDS/ADDITIONAL COMMENTS (E.G. SPECIAL NEEDS OF STUDENTS, ESL, PHYSICAL CHALLENGES, ETC.)

OFFICE USE ONLY RES#