|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Email: |  |
| School Phone: |  | Cell Phone: |  |
| Billing Contact Name: |  | Billing Contact Email: |  |
| School Name: |  |
| School Address: |  |
| City, State, Zip: |  |
|  |
| Number of Students: |  | Grade level(s): |  |
| *Second Story Tours welcomes 1 free adult for everyone 10 students.* *School will be billed for any adults beyond this ratio that are not nurses or 1:1 aides.* |
| # of Teachers/Staff (excluding nurses and 1:1 aides) |  | # of Nurses and 1:1 Aides: |  | # of Parents and Other Chaperones: |  |
| **Please list both visit date and time, as both pieces of information are required to check availability.** |
| Preferred Visit Date: |  | Preferred Start Time: |  | Alternate Start Time: |  |
| Alternate Visit Date: |  | Preferred Start Time: |  | Alternate Start Time: |  |
| **Please choose which tour experience you wish to book:**\_\_\_ 1-Hour Walking Tour\_\_\_ Full Day Field Trip (Please list the time you need to be back on your bus(es) \_\_\_\_\_\_\_\_\_\_) |
| **If you have students with special needs, including learning and cognitive disabilities and ELL/ESOL, is there Anything our staff can do to help accommodate them?** |
|  |
| **Please list anything else you would like us to know about your students or your field trip:** |
|  |
| **How did you hear about us?** |
| \_\_\_ Referral from friend/colleague \_\_\_ Billboard/Print Ad \_\_\_ Direct Mailing \_\_\_ Previous Visit \_\_\_ Internet Search \_\_\_ Other - please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| When you have finished filling out the form, please email to: alison@secondstorytours.com |