

Elementary School Registration Form

Missions Fest School Field Trip (Year) – (Day), (Date)
"Theme"
(Venue)

Name of School:

Teacher:

Email

Phone#

Fax

Please **confirm** that you have classes coming for the Field Trip and **estimate** the number in each.

Grades 4: _____ Grade 5: _____ Grade 6: _____ Grade 7: _____

Please **indicate two workshops** you are most interested in from the presenters listed on the attached sheets and we will try to honor at least one of your requests.

Grades 4/5

Grades 6/7

1. _____ 1. _____

2. _____ 2. _____

The suggested donation for each student is \$3.00. We encourage you to send in your contributions to the office before the conference to avoid delays on the day of the field trip.

NOTE: If you pay at the conference, please make **separate cheques** for Secondary and Elementary.

Number of Students _____ Amount enclosed _____

At the beginning of (month), you will be sent more detailed information about the drop-off procedure, parking and check-in.

Missions Fest (Address)
Tel: _____ Fax _____ E-mail:

KINDLY RETURN THIS FORM BY (Date).