



School Group Tour Request Form
School group visits are scheduled Tuesday - Friday (excluding holidays)

Contact Information

Contact Teacher's Name Best time to contact

E-mail Address

School Phone Number

School Fax

Additional teacher(s) participating

Have you brought a school group to Clark Gardens before? (please circle)
Yes No

School Information

School Name

School Address

City: State: Zip:

School District

Who's Coming

Grade Level:

Total Number Students: Number of Classes:

Number of Chaperones: (In Addition to Teachers)

Number of Buses: Number of Vans:

Number of Personal Vehicles:

**Allow time for group entry, payment and parking.
Groups are scheduled for 2 hr time slots unless other arrangements are prearranged.**

	Day & Date of Visit	Arrival Time	Departure Time
1st Choice:	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Choice:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Special Needs:

I have read and understand the school group tour requests and policies.

Group Leader

Date

Please complete and fax form to 940.682.4078