

School or Other Groups Visiting CM

Date Booked:									
Date of Arrival:		Time Arriving:			Time Leaving:				
Group Name:									
Contact Person:				Phone #:			Email:		
Complete Address:									
___ Program or ___ Visit					___ Program Name				

___ # of Kids		@	\$	Amount	(\$3.50 visit only, \$4.50 visit & program)				
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___ # Pd Adults		@	\$	Amount	(\$3.50 for @adult over free chaperone amt)				
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___ # Free		(1 chaperone free for every 6 children)							
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___ No lunch		___ Bring Bag Lunch			___ Order from CM Cafe				
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		\$	CM Cafe catered lunch total						
			.						
			Grand Total						\$
		Paid by CK / Cash / CC / P.O							
		(50% deposit to hold date)		Amount Enclosed \$					

		Balance Due:		\$	(day of event)				
		Bill to:							
		Billed?		YES	NO				
		By:							
		Date:							
		Date Paid:							