

SAGA
Field Trip Registration Form

Company Name: _____

of kids _____ Ages: _____ Boys and/or Girls

Trip Date: ____/____/____ Monday Tuesday Wednesday Thursday Friday Sat
Time: _____ am/pm

Inflatable: _____

Special Requests: _____

Contact(s) Name(s): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Alt. Phone: _____

E-mail address: _____ Fax #: _____

Office use only _____

Waiver(s) will be (check one): Mailed Picked Up Faxed # _____

of waivers: _____ Mailed (date): _____ Picked Up (date): _____

Estimated # of kids: _____ x \$ _____ /child = \$ _____ /2 = \$ _____ (deposit)

Deposit Paid: \$ _____ by (circle one): Cash Check # _____ CC (approval #) _____

Actual # of kids: _____ x \$ _____ /child = \$ _____

Additional Costs: \$ _____

Less Discounts: \$ _____

Less Deposit: \$ _____

Total Due: \$ _____

Paid by: Cash _____ Check # _____