Trip Intake Form

Date of trip request: _____ BRT Tour Coordinator: _____

School name: _____ Grade: _____

Trip date (1st choice): _____ Trip date (2nd choice): _____

Trip destination: _____ Referred by:_____

Lead teacher: _____ E-mail: _____

Cell phone: _____ School phone: _____ Birthdate: _____

School address: _____

Bookkeeper name: _____ Bookkeeper e-mail: _____

Approximate numbers: Students _____ Chaperones _____ Staff/teachers _____

Quotes are based on 4 students/chaperones to a room, 2 chaperones to a room, and 2 teachers to a room. A room supplement will be added to any participants wishing to have a student/chaperone room or private room

Security? (Middle school groups):_____

Tour director/driver requests: _____

Known allergies: _____

Wheelchair accessibility?: _____

Unwanted venues, activities, etc._____

Activities	Teacher Contacts