



## Self-Guided Field Trip Inquiry Form

\_\_\_\_\_  
*Name of School or Organization* *Parish*

\_\_\_\_\_  
*Contact Person*

\_\_\_\_\_  
*School/Organization Address*

\_\_\_\_\_  
*City* *State* *Zip*

\_\_\_\_\_  
*Age or Grade Level of Children* *Daytime Phone*

\_\_\_\_\_  
*Number of Children* *Fax Number*

\_\_\_\_\_  
*Number of Chaperones\*\** *Email Address*

**\*\*1 chaperone for every 6 children required, 1 chaperone for every 4 children preferred**

**Self-Guided Field Trips are available Tuesday - Friday for arrival times from 9:30 a.m. – 2:00 p.m.  
Please indicate your top three choices for the day you would like to visit and time.**

**1<sup>st</sup> Choice:**

\_\_\_\_\_  
*Day* *Date* *Time*

**2<sup>nd</sup> Choice:**

\_\_\_\_\_  
*Day* *Date* *Time*

**3<sup>rd</sup> Choice:**

\_\_\_\_\_  
*Day* *Date* *Time*

**Your reservation is complete upon receipt of a confirmation letter by email or fax.**

**Please return this completed form to the Louisiana Children's Museum either by fax  
at (504) 529-3666, Attn: Johnell Agee or via email at [groups@lcm.org](mailto:groups@lcm.org)**