



140 Oak Ridge Road
Oak Ridge, New Jersey 07438
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FAIRY TALE FOREST CLASS TRIP REGISTRATION FORM

SCHOOL INFORMATION:

School Name: _____

Teacher Name: _____

Teacher Contact Email: _____

Teacher Contact Number: _____

Purchase Order #: _____ Grade Level: _____

Tax Exempt # _____ Please supply a copy of your tax-exempt cert.

TRIP DETAILS:

Preferred Date of Trip: _____ Alternate Date: _____

of Students: _____ # of Chaperones: _____

Arrival Time: _____ Departure Time: _____

SCHOOL EMERGENCY CONTACT INFORMATION:

Contact Name: _____ Phone Number: _____

Email Address: _____

MEDICAL CONDITIONS:

Are there any allergies or medical conditions we should be aware of?

Yes No

If yes, please specify: _____

CHILDREN'S LUNCH PACKAGE

\$7.50 per child, includes chips, a beverage and choice of:

_____ Chicken Tenders # _____ Grilled Cheese # _____ Thumann's Beef Hot Dog

_____ Individual Pizza

FOR OFFICE USE ONLY / PAYMENT INFORMATION:

Adults x \$17.00 = _____ # Children x \$15.00 = _____

Add Lunch for \$7.50 per child = _____

If not tax exempt, will add 6.625% sales tax: _____

Total Cost: _____

50% Deposit: _____

Balance Due Day of Event: _____

Refunds: We do not issue refunds. If members of your group are unable to attend, we will provide you with park passes for distribution.

Cancellation Policy: If you must cancel your trip due to weather, call and we will try to reschedule your trip if there is availability.

Signature of School Representative: _____ **Date:** _____

Completed forms can be emailed to info@fairytaleforest.com