



ISLAMIC  
DAWAH CENTER



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## Instructions

1. This form must be completed and returned at least 2 weeks prior to field trip.
2. Please Print.
3. When completed, Please Fax completed form to the above contact information

# Sultans of Science Field Trip Reservation Form

School Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Principal/Director Name \_\_\_\_\_

Private School  Public School

## Contact Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

## Group Details

Proposed Trip Date \_\_\_\_\_

Proposed Arrival Time \_\_\_\_\_

Number of Students \_\_\_\_\_ Grade Level \_\_\_\_\_

Number of Chaperons \_\_\_\_\_

(One chaperons per 10 students)