

Field Trip Date _____



I&M Gymnastics Field Trip/Scout Trip

24232 Northern Illinois Dr
Channahon, IL 60410
815-521-0100/imgymnastics.com

1. Today's Date _____
2. Contact Name: _____
3. Contact Phone # _____
4. Date of field trip _____ Day _____ Time _____
5. How many guests expected _____ Ages of children _____

X _____ X _____
 Guardian's Signature Received By

Special Notes

Contacted prior to field trip on _____

Instructor assigned to field trip _____

Helper _____

Office use only

Total guest count _____ waiver count _____

\$20.00 deposit received _____ Date _____

Payment Type: Visa MC cash check # _____ QB _____

of children _____ \$5 per child _____ TOTAL DUE _____

- \$20.00 Deposit

Grand Total Owed _____ Date _____

Payment Type: visa MC cash check # _____ QB _____

****\$6 per child for a 90 minute field trip****