

School Visit Application Form 2024/25 (Form 6-1)

School Name			
School Address			
City	Ontario	o Postal Code	
Phone Number	Secretary E	mail	
Contact Name			
Contact Email			
No. Of Students((min 3	Incl Teacher) ture Time	
Preferred Visit Date YEAR	// Alte	ernative Visit Date / YEAR MOI	/ NTH DAY
Type of Visit		a: Introductory Formative Su uded (Minimum Program Fee: S	
Special Needs / Additional Co			
Booking & Cancellation The full cost of your visit as shown below at Confirmation will be charged upon arrival. Any changes, increases or decreases in numbers must be confirmed with the Education Program no later than 5 business days prior to your visit. Cancellations received after that date will be	charged a cancellation fee of \$75.00. Payment Payment for school visits is due upon arrival. Payment is by cheque made out to the Jet Aircraft Museum. Alternatively, the school may also be invoiced that day. A \$20.00 admin fee will be added if payment is delinquent.	Additional Information: -This is a full day field trip. We have no cafeteria so students will need to bring lunch. -Activity may take place both inside and outside during the day and the hangar may be cool. Students are advised to dress accordingly. -The Museum Gift Shop <i>may</i> be open if time permits.	-The Jet Aircraft Museum is at the London Airport and safety expectations outlined at arrival must be explicitly followed. -Teacher and adult supervisors are responsible for the supervision, behaviour, and discipline of their students at all times. -Photos/video may be taken of some activities.
Museum Section		Teacher Signature/Date	
BOOKING CONFIRMAT	ION		
YOUR BOOKING as outlined or amended above is confirmed. Please contact us if any further information or clarification is required.		Signed	Date
clarification is required. FEE DUE ON ARRIVAL: \$16.00 / pupil =		Education Program Council Jet Aircraft Museum <u>education@jetaircraftmuseum.ca</u>	