



College Field Trip Reservation Application

Applications are processed on a first-come, first-served basis, with priority given to those with payment.
We require a completed reservation application and full payment 2 weeks in advance of any fieldtrip. After two weeks, subject to availability.

Contact Details:

Contact or Teacher Name: _____ School: _____
School Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Grade: _____ # Students (Min. 10) _____ ÷ 5 = _____ (Free Teachers/Chaperones)

For every 5 paying students, receive 1 teacher/chaperone ticket free. (1:5 ratio recommended; 1:15 ratio required)

Please describe any special needs or requests: _____

Visit Details:

Fill in your 1st choice date and entry time and check the appropriate box.

1st Choice Visit Date _____ Check In/Entry Time (10 am is the earliest) _____

Alternative Dates _____ or _____

- Self Guided Tour Only
 Classroom Program (includes a Self-guided tour) – Offered Tuesday - Friday
Program Time: 9:30, 10:30, 11:30, 12:30
Program Title _____ Grade Level _____

Required Payment *

Membership benefits do not apply for school fieldtrips.

Make checks and money orders payable to: Downtown Aquarium

Self-guided tours: \$9 x _____ total # of students = \$ _____

Classroom programs: \$11 x _____ total # of students = \$ _____ (price includes a self-guided tour)

Additional Adults **: \$15.50 x _____ total # of adults = \$ _____ (only the teacher & 5 other adults are allowed in the classroom)

4D Theater tickets: \$ 3.00 x _____ total # of people = \$ _____ (please include teachers/chaperones in this count)

Total enclosed = \$ _____

* At check-in, an actual count is recorded. If less than the reserved number of students come, a refund will be issued after your visit. If your total number of students is **less than 10**, you will **still be charged for 10 students**. If more students come, the school will be billed for the remaining balance.

** The school may purchase additional adult tickets in advance at the discounted rate of \$15.50. If you choose not to purchase their entry in advance, they may buy their own tickets from the Box Office on the visit day at the **regular admission rate**.

Check # _____

Credit Card Payment – Please print name on card and sign below to authorize credit card payment– once we receive the completed form **we will call you to get card information over the phone.**

For your safety please do not email payment card information.

Name on Card: _____ Signature: _____

School Reservations: Downtown Aquarium
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aqdenveredu@Ldry.com