

2017 - 2018 Group Visit Request Form

Please read carefully and complete each section. This completed packet along with a **non-refundable deposit** of **\$50.00** is required in order to secure a booking. Your date is not confirmed until you are contacted via e-mail by our education department to verify receipt and availability.

Group Information (All fields must be completed):

Group/Organization Name: _____

Group/Organization Address: _____

City: _____ State: _____ Zip Code: _____

Group/Organization Phone: _____ Ext: _____ Fax: _____

Primary Contact Information (All fields must be completed):

Primary Contact Name: _____ Title: _____

Contact Phone: _____ Contact Cell: _____ E-mail: _____

Group Reservation Information:

Number of Children: _____ Number of Children Ages Birth through 12 Months: _____

Number of Adults: _____

Grade Level(s) and/or Age(s) Attending: _____

Arrival Time: 9:45 AM 10:00 AM 10:15 AM

Group Size:

Minimum: 15 people (children and adults)

***Maximum group size is dependent upon availability and cannot exceed 70 people.**

Chaperone Requirements:

(Minimum chaperones are required and are based off the youngest child)

Children 0 - 3: 1 Chaperone/3 Children

Children 4 - 7 : 1 Chaperone/5 Children

Children 8+: 1 Chaperone/10 Children

**** Not having the required number of adults may result in the cancellation or declined admittance of your group visit with out refund.**

Group visit dates are offered Monday through Thursday, with availability depending on group size.

All group visits are subject to availability and black out dates.

Group Visit Costs:

Group Visits (15- 70 people): **\$10.50 per person** Deposit: **\$50.00**

Please list the top two preferred dates that you agree to accept (if available):

Choice	1	Day & Date	2	Day & Date

How will you be arriving to Pretend City? Bus (how many) _____ Car (how many) _____

Group Visit Date Policy:

If your original requested date is not available Pretend City will contact the primary contact to find a date that is agreeable for both Pretend City Children's Museum and the school/organization. Once a date has been verbally agreed upon, the deposit will be processed and an e-mail confirmation will be sent to the primary contact with the new date that has been agreed upon.

Please Initial: _____



2017-2018 Group Visit Policy & Procedure Contract

If available, a private lunch room can be reserved for 30 minutes for \$25 (Maximum capacity 60 people).

Would you like to reserve a lunch room for your visiting group? Yes (time: ____:____) No

Primary language of students and/or chaperones: _____ Will you have a translator? Yes No

Group Visit Booking Procedure:

1. Complete and return this Group Visit Packet with non-refundable deposit. The packet can be mailed, faxed, or e-mailed.
Mail to: Pretend City Children's Museum, 29 Hubble, Irvine, CA 92618
Faxed to: ATTN Group Visit, (949) 428-3908
Emailed to: groupsales@pretendcity.org
2. Upon Pretend City's receipt of your Group Visit packet and deposit we will contact you via e-mail to confirm that the date you requested was available and has been secured for your field trip.
3. At that time we will e-mail you a "Deposit Confirmation & Invoice" stating your visit date, arrival and departure time, final balance, and the due date of your final balance.
4. Visits must be paid in full 3 weeks prior to your visit date. Once final payment has been received by Pretend City a "Final Confirmation" e-mail will be sent to the primary contact.

Please Initial: _____

Electronics Policy:

Pretend City is a cell phone and electronics free facility. Please ensure all members of your group refrain from texting, calling, or using their phone as it distracts from ensuring the safety of children. Laptops and tablets are not allowed.

Please Initial: _____

Cancellation/Refund Policy:

Pretend City Children's Museum reserves the right to cancel this agreement if payment deadlines are not met as outlined within the payment form and policies. Reservation dates may be rescheduled up to 2 weeks (10 business days) in advance of the visit date with no penalty. In the event that a school/organization must cancel their reservation less than 10 business days from the scheduled visit date, the deposit will be forfeited. All payments are non-refundable. In addition, ***Pretend City Children's Museum will cancel the school/organizations group visit if payment is not received by the final payment due date and deposit will be forfeited.*** Cancellations are not official until the school/organization receives a written confirmation from Pretend City Children's Museum.

Procedure to Cancel or Reschedule a Group Visit:

To cancel a group visit, the Primary Contact of the group visit must provide notice to the Field Trip Coordinator. Deposits are non-refundable, therefore are forfeit upon receipt of written notice of cancellation. Once notice of cancellation is accepted by the museum, a confirmation of the cancellation will be sent to the Primary Contact. Cancellations are not official until the school/organization receives a written confirmation from Pretend City Children's Museum.

Please Initial: _____



2017-2018 Group Visit Payment Form & Policies

Deposit Payment Information and Policies:

A non-refundable deposit of \$50.00 is due with Pretend City's initial receipt of the completed Group Visit packet. If your first or second choice group visit date are unavailable, the deposit will not be processed until a date has been agreed upon between Pretend City Children's Museum and the school/organization booking a field trip. Deposits may be made in the form of a bank check, credit card, or purchase order. If a deposit is not received, reservation dates will not be held.

Method of Payment:

Credit Card: [] Visa [] Master Card [] American Express [] Cashier's Check [] Personal Check [] Money Order [] Purchase Order
If Check/Purchase Order please provides the Issuers Name: _____ Payment Mailed on: _____

*If you are not paying by credit card, please attach a paper copy of your method of payment or Purchase Order Requisition Form. If paying by check, please mail the check to the Group Sales Coordinator; copies of checks will not be accepted.

Credit Card Authorization:

Name of Cardholder (Please Print): _____
Billing Address: _____
City: _____ State: _____ Zip Code: _____
Card Number: _____ Expiration Date: _____ 3-Digit Security Code: _____
Signature: _____ Amount to be Charged: \$ _____

Payment Information:

Once the Group Visit Contract and non-refundable deposit have been accepted your date will be verified by e-mail and held. You will receive a confirmation e-mail and invoice for the total balance due.

Final balance is due for three (3) weeks prior to visit date

A \$35 late fee will be charged for all payments made after the due date. Reservations are subject to cancellation if payments are not received by the required date. Deposits are non-refundable; however, a new date may be reserved with initial deposit according to the cancellation/refund policy.

Please Initial: _____

Any additional guests above the final count after final payment has been made will need to pay general admission of \$12.50/person day-of your visit.

Purchase Order Policy:

Purchase Orders are accepted for deposits and final payments. A copy of the Purchase Order must be submitted to Pretend City in order to be eligible for this method of payment. Purchase Order must include the following language:

"It is understood that payment will be made for the total number of students and additional chaperones regardless of actual attendance unless cancellation occurs under the Terms of Agreement (See Group Visit Contract Page 3).

When using a Purchase Order, final payment must be received within 2 weeks of the group visit date. The visiting school/organization must notify Pretend City Children's Museum of payment delays. If Purchase Order payment is not received within this time frame a \$35.00 late fee will be included in your final group visit costs.

Please Initial: _____

I have read and understand the Pretend City Children's Museum Group Visit Contract and verify that the information within the contract is true and correct. I acknowledge the enclosed dates to be acceptable.

Signature: _____
Title: _____

Printed Name: _____
Date: _____

For other questions please contact the Education Coordinator:

29 Hubble, Irvine, CA 92618 Phone: (949) 428-3900 ext. 202 Fax: 949-428-3908 E-mail: grouptickets@pretendcity.org