

School Group Reservation Policy

- Reservation must be made two weeks in advance.
- The first option is \$5.50 per student; each additional option is \$3 per student. Any combination of the 4 options is acceptable.
- All visits are self-guided.
- **ONE** chaperone per **FIVE** students will be free. Each additional chaperone will pay the student rate.
- **PAYMENT IS DUE ON ARRIVAL:** check or credit card is preferred.
 - o If you require an invoice, prior arrangements must be made.
- Date, time, and number of students must be confirmed five days prior to reservation date. Your group will be charged this confirmed number regardless if less then come on the day of reservation. Groups bringing more than the confirmed number will be charged.
- Please mail (222 SW Washington St. Peoria, IL 61602) or fax (309.863.3054) this reservation sheet to the Group Tours and Reservations Coordinator
- Some exhibitions require an additional up-charge (*applies also to chaperones receiving free general admission*)

For more field trip policy information please visit:
www.peoriariverfrontmuseum.org/educators/field-trips/field-trip-policies-and-procedures

School Group Reservation

Day: M T W Th F 1st Choice Date: _____ 2nd Choice Date: _____

Your choice of reservation date will be confirmed within 48 hours.

Arrival Time: _____ Departure Time: _____ Grade: _____ #Classes: _____ #Students: _____ #Adults _____

Teacher/Leader: _____ School: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: Work _____ OR Cell _____ Email _____

Form of payment:

- Cash, Check, Credit Card
 (please pay on the day of arrival)

- Invoice - please indicate to whom and where the invoice needs to be sent. Invoices are sent prior to group visit.

Option 1: Galleries

Time: _____

(All 6 galleries included with option 1)

- International Feature
 Fine & Folk Art/Permanent Collection
 Peak Performance/IHSA
 Illinois River Encounter
 The Street
 Discovery Worlds (PreK-4)

Option 2: Planetarium

Time: _____

(minimum of 20 students for a private show)

Show: _____

Option 3: Giant Screen Theater

Time: _____

(Educational Films Only)

Film: _____

Option 4: Educational Workshop

Time: _____

(minimum of 15 students to schedule a workshop)

Workshop: _____


Lunch

Time: _____

Will your class bring a sack lunch? Yes or No

OR

Will your class purchase from the concession stand? Yes or No

Send me bus rental information yes no 

Visiting the museum store? Time: _____

Does your group need accommodations for special needs?

If so, please explain _____

VSA ONLY

Transaction # _____ #Students _____ #Adults _____
 VSA Initial _____ Refund needed: Yes No
 Payment Type (select all that apply)
 Cash \$ _____
 Check \$ _____
 Credit Card \$ _____
 Amount of refund \$ _____
 Invoice needed Yes No
 Amount for invoice \$ _____

FOR OFFICE USE ONLY

STAFF USE ONLY

Notes: _____

Lunch Location: _____

Taken by: _____ Date: _____ Cost/Student: _____

Confirmed Date: _____ Staff start time: _____