

# Group Visit Registration Form

To **schedule** your visit, call us at (989) 759-1408.  
 Bring this **completed** form on the day of your visit.

Arrival Date:		Arrival Time:	Departure Time:	
School/Group Name:			Grade Level	
Contact Name:				
Contact E-mail:				
Contact Phone:		Contact Fax:		
School Address:				
City:	State:	Zip:	County:	

**Billing Information:**

The billing address is the same as above.

Attn:		
Address:		
City:	State:	Zip:
Amount to be billed:		
Signature:		

	GROUP ADMISSION Actual Count
<b>Infants</b> 11 months and younger	\$0.00 x _____ = _____
<b>Children</b> 12 months and older	\$3.50 x _____ = _____
<b>Adults</b> Recommended 1 chaperone per 5 children	\$3.50 x _____ = _____
<b>Free Teacher</b> 1 free teacher per 20 students	\$0.00 x _____ = _____
<b>Ride Tickets</b> \$1 per person, per ride	\$1.00 x _____ = _____
<b>Unlimited Ride Wristbands</b> \$5 per person	\$5.00 x _____ = _____
<b>Amount Paid</b>	

Payment Type:  Cash  Check  Credit  Invoice

**Please Note:** Payment must be made in one transaction.  
 Individuals paying separately will be charged full admission.

Staff Initials \_\_\_\_\_