



Group Acknowledgement of Policies

Thank you for registering for a fieldtrip to Discovery Gateway. We are excited to have your group visit the museum!

Please sign below to indicate that you have received, read, and understand the Discovery Gateway fieldtrip guidelines, policies and procedures.

Please ensure that the amount of your check matches the number of children participating in the fieldtrip. Refunds will not be issued.

This form must be received no less than 24 hours prior to the scheduled visit.

Date of Visit: _____ Group Name: _____

I _____ have received a copy of the Discovery Gateway fieldtrip policies and procedures. I have read and understand the policies and procedures.

Signature of lead chaperone

Date

**Please fax this document to (801) 456-5440
Attention: School & Group Educator**