

**Complete this form to schedule your field trip and mail it to Acrobatic School of Circus Art
2840 Pine Rd, unit A4, Huntingdon Valley, 19006 or Email:acrobaticcircus@gmail.com
Office: (267) 277-4157 Cell: 267-393-6639 www.circus-home.com**

Full name of school or organization: _____

Mailing address: _____ City: _____

State: _____ Zip code: _____ Main phone number: _____

Teacher/Contact name: _____ Title: _____

Teacher/Contact email address: _____

Teacher/Contact phone number: _____ Ext. _____

Emergency _____ cell phone number (if avail.): _____

Number of: students _____ teachers _____ chaperones _____

Age of participants (please indicate the amount per age): 6-7: ___ 8-12: ___ 13-17: ___

18 and up _____

Workshop: We recommend a 2h workshop for a group of 10 or more participants.

1hour 1.5 hours 2 hours **Other** _____

Date & Time: Date and time requests are subject to availability. We will make every effort to schedule the date of your first choice.

1st choice: Date of Visit: _____ Arrival Time: _____ Departure Time _____

2nd choice: Date of Visit: _____ Arrival Time: _____ Departure Time _____

Please identify any special needs your group might have: _____

Deposit: 50% deposit payment confirming the reservation, with balance due on the day of the event

Payment Options:

Check (please mail to the address above)

Credit Card (please fill out credit card authorization form)

Refunds: You can have refunds no later than 3 weeks before trip date. After 3 weeks before the trip, instructors, activities and events have been fully funded and set in motion by the ASCA. A \$25 processing fee will apply for all refunds.

Please check all important information below to avoid any inconveniences

___ Student must be at least 6 years of age to participate.

___ Every child must have an ASCA Party Permission Form (waiver) signed by their PARENT.

___ Every person entered to the gym area will have to sign a Permission Form (waiver)

___ Please be patient with our staff but children/adults w/o forms will not participate. ASCA will not permit ANY exceptions for ANY reason.

___ Please wear athletic, sport-comfortable clothes, no buttons or zippers, no watches or jewelry. Hair is to be tied back.

___ Please arrive 15 min. prior to your start time.

Leader Name: _____ **Signature:** _____ **Date:** _____

Thank you!

Confirmation of trip ASCA STAFF Signature: _____ **Title:** _____

Remaining payment: _____ Check Credit Card **Date:** _____

ASCA STAFF Signature: _____ **Memo:** _____

Name