

City of Raleigh Museum
Field Trip Program Request Form

Group Name: _____ **Contact Person:** _____

Contact Phone #: _____ **Contact Email:** _____

Grade/Age Level: _____ **# of Students:** _____

Requested Date(s): 1. _____

Alternate Dates: 2. _____

3. _____

Program Location (Check One): **City of Raleigh Museum** **Pope House**

Requested Programs: 1. _____

2. _____

3. _____

Special Needs:

Special Requests:

Return completed form to:

Megan Raby
Megan.Raby@raleighnc.gov
City of Raleigh Museum
220 Fayetteville St.
Raleigh, NC 27601