HUGO PUMPKIN FESTIVAL
FIELD TRIP RESERVATION REQUEST:

School/Group Name: _____# of Children _____ # of Adult Staff:_____
Contact Person:_____ Contact Phone #: _____
Contact Email : _____ Date Attending: _____

Session 1 (9:00-10:30 AM) **Session 2 (10:30-12:00 PM)** **Session 3 (12:30-2:00 PM)**

- **Number of classes? _____**
- **Grade level attending? _____**
- **Will your students purchase from the Pumpkin Patch or Concession? _____**
- **Will parents be allowed to attend your session? _____**
- **Will you have lunch at the Hugo Pumpkin Festival grounds? _____**

If you do not have all the INFORMATION at the time of booking, please make sure a guess and you can contact us before your field trip day if there are any changes.