



2019-2020 "FIELD EXPERIENCE" YOUTH RESERVATION FORM

TO HOLD PREFERRED DATE(S) please complete ONLINE (save & email) or return this form by

Scan, Legible Photo to nancohen@fiu.edu or Fax to 305.672.5933

Jewish Museum of Florida-FIU 301 Washington Avenue, Miami Beach, Florida 33139.

Name of School _____
 City _____ Zip _____
 Name of Teacher/s _____
 Teacher/Contact Phone # Day _____ Cell _____
 Teacher/Contact Email _____
 Grade/s _____ Number of Youth _____ **Please share any specific population needs** _____

PREFERRED TOUR DATES __/__/____ or __/__/____ **Arrival Time** _____ **We suggest: 1.5 hour minimum**
Admission Fee: \$2.50 per youth; (1) Chaperone per (10) Youth FREE; Additional Adults \$8.00 each

TOUR CHOICES: (you may select more than one concurrent exhibit)

- Core Exhibit: MOSAIC: Jewish Life in Florida & Interactive Scavenger Hunt** **ONGOING**
- Steve Marcus: Through the Hat** **2/21/19-9/1/2019**
- Preservation & Renewal: Bauhaus International Style Buildings in Tel Aviv** **7/16/19-10/16/19**
- Customized Field Experience designed to meet your specific area of interest** **ONGOING**

LUNCH OPTION: Bring bagged lunches/cooler and recess between Exhibit Programs "Picnic Style" spread out through the museum! Please indicate by checking box: **YES – We will be eating lunch on-site**

PAYMENT: 50 % of *projected* entrance fee serves as Non-Refundable Admission Fee Deposit. Receipt applies towards total fee and is valid for (1) year should you need to postpone visit. Adjustments to actual participant numbers made at point of entry on day of visit. OFFICIAL CONFIRMATION supplied upon receipt of deposit required to hold reservation.

\$ _____ **TOTAL DEPOSIT (or full) AMOUNT ENCLOSED**

To CONFIRM YOUR RESERVATION: Mail your payment to Jewish Museum of Florida-FIU, or provide credit card information. Upon receipt of this form, you will receive confirmation of date/time and invoice needed to PAY IN FULL on day of visit.

(Circle One): **American Express** **Visa** **Master Card**

Name (on the card) _____

Account Number _____ Zip Code _____ Expiry ____ / ____ CVC Code _____

 AUTHORIZED YOUTH LEADER SIGNATURE ACCEPTING TERMS

 DATE

Balance of fees due day of Field Experience or Group will not be admitted. If for any reason, you need to postpone your visit, kindly call us within 48 hours to reschedule. Failure to do so will forfeit deposit amount per agreement.

PROGRAM QUESTIONS? Contact Museum Manager, 786-972-3164 or nancohen@fiu.edu