

**Traveling Trunk Request Form**

|  |  |
| --- | --- |
| Teacher’s Last Name | Teacher’s First Name |
| Teacher’s Contact Phone | Teacher’s Contact Email |
| School/Group Name Grade Level/ Age Group | |
| School Address | |

**How did you hear about our traveling trunk opportunities?**

Word of MouthPublic Programs Brochure Personal Visit to the Museum Internet

If Internet, please specify where:

**Preferred Rental Date- 2 week intervals**

|  |  |  |
| --- | --- | --- |
| ***1st Preference*** | ***2nd Preference*** | ***3rd Preference*** |
| Date | Date | Date |

|  |  |
| --- | --- |
| Date and time to pick up the trunk? | Date:  Time: |
| Date & Time to drop off the trunk? | Date:  Time: |

**Notes or Comments?**

Please note that this is not a program confirmation. This request form does not guarantee you the program, date or time requested above. Program is confirmed once you receive an invoice.

**CANCELATION POLICY**- We require a 1-week notice to cancel or reschedule programming. We will not issue a refund for cancelation less than 1 week from the original field trip date.

Please allow one business week to receive a response to request. Request forms can be submitted via email, fax or by mail.

Sacramento History Museum

Attn: Education Department

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**Zoey Jennings**

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