

**Ticket Scholarship and Transportation Subsidy
application form for**

PETRA: LOST CITY OF STONE

April 4, 2005-August 15, 2005
M/W/F/Sat: 9:30-6 PM T/TH: 9:30-9 PM

Thanks to a pair of local donors, student groups in West Michigan will receive financial subsidy to view the exhibition.

Please use this form to begin to request a reservation for your school group. The ticket scholarship offer will cover admission to the exhibition for students and accompanying adults (1 chaperone or teacher for every 10 students, please).

School Name: _____
 Public/Charter School Private/Parochial School Home School

Designated Contact Person for Your School: _____

Phone Number: _____ Fax Number: _____

Email: _____

Address: _____

Some money is also available to cover the transportation cost. If you wish to request transportation subsidy funds, please identify the amount you will require: _____

Teacher: _____

Number of Students: _____ Grade Level: _____ Number of Adults: _____

Preferred Date: 1) _____ Morning Early Afternoon Late Afternoon

2) _____ Morning Early Afternoon Late Afternoon

3) _____ Morning Early Afternoon Late Afternoon

Would you like a volunteer docent to help host your group? Yes No

Prince Conference Center at Calvin College, 1800 East Beltline, Grand Rapids, MI 49546
1-800-PETRA05
www.calvin.edu/petra/
petraboxoffice@calvin.edu

Please fax this completed form to the Petra Box Office at **(616) 526-7210**

Please use this page for additional classes from your school.

School Name: _____

Teacher: _____

Number of Students: _____ **Grade Level:** _____ **Number of Adults:** _____

Preferred Date: 1) _____ Morning Early Afternoon Late Afternoon

2) _____ Morning Early Afternoon Late Afternoon

3) _____ Morning Early Afternoon Late Afternoon

Would you like a volunteer docent to help host your group? Yes No

Teacher: _____

Number of Students: _____ **Grade Level:** _____ **Number of Adults:** _____

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Would you like a volunteer docent to help host your group? Yes No

Teacher: _____

Number of Students: _____ **Grade Level:** _____ **Number of Adults:** _____

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Would you like a volunteer docent to help host your group? Yes No

Teacher: _____

Number of Students: _____ **Grade Level:** _____ **Number of Adults:** _____

Preferred Date: 1) _____ Morning Early Afternoon Late Afternoon

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Would you like a volunteer docent to help host your group? Yes No

Please fax this completed to the Petra Box Office at **(616) 526-7210**

Additional Information & Requirements

- 1. Please submit one reservation form per school.**
- 2. The minimum group size to participate in the scholarship program is 10 students. Home school students are encouraged to collaborate with other home schoolers to reach the minimum group size.**
- 3. One adult (Teacher and/or Chaperone) are required per 10 students. For example: 20 students require 2 adults, 30 students require 3 adults.**
- 4. Student Meals are available upon request and availability. Order may be placed when you received a confirmed attendance time.**
- 5. The Petra Box Office will notify your representative within 2 business days to confirm your request.**
- 6. If you have any further questions, please e-mail us at petraboxoffice@calvin.edu .**