

Lambs Farm Field Trip Reservation Form

2024 season

(PLEASE PRINT)

Group Name _____ Today's Date _____

Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Contact Name _____ E-mail _____

Group Leader _____ Phone _____ Age of Visitors _____
(if different from Contact Name)

REQUESTED FIELD TRIP DATES

Field trips available Tuesday-Friday, March 29 through October 31 (closed Mondays)
Farmyard is open 10am to 4pm. Please select two dates as some dates may not be available.

1st Choice: Date _____ Day _____ 2nd Choice: Date _____ Day _____

Time of Arrival _____ Desired Lunch Time _____ Time of Departure _____

- We appreciate adult supervision in a ratio of at least one (1) adult for every ten (10) children
- Additional adults will be charged regular field trip admission

Number of children _____ + Number of adults _____ = Total Number of guests _____

Farmyard Experience Package

10 person minimum

Paying Guests Price Per Person Required TOTAL

Farmyard Entry, Miniature Golf, Petting Area & Discovery Center: 2 yrs - adults (\$5 value!) _____ x \$3.00 = \$ _____

More Fun on the Farm

Additional Experiences

Hay Bag _____ x \$1.00 = \$ _____

- To Feed Animals (adult supervision is encouraged)
- Warning: Hay is an allergen

Carousel Ride: 2 - 12 yrs _____ x \$2.00 = \$ _____

- Adults do not need a ticket
- Adults may stand with children (3 minute ride)
- Opens at 10:30am, runs 30 minutes prior to Farmyard closing when operational
- Subject to availability

Miniature Train: 2 yrs - adult _____ x \$3.00 = \$ _____

- At least 1 adult per every 10 children
- Everyone ages 2 years and older need a ticket to ride
- Opens at 10:30am, runs every 30 minutes when operational (10-12 minute ride)
- Subject to availability

Pavilion Rental _____ x \$0.50 = \$ _____

- Provides reserved covered seating

Total cost of field trip

(Farmyard Experience + Additional Experiences): \$ _____

Our Mission:

Helping people with developmental disabilities lead productive, happy lives and connecting with the human spirit in us all



Pita the Pygmy goat can't wait for your visit!

Lambs Farm

14245 W Rockland Road
Libertyville, IL 60048
www.lambsfarm.org
please send field trip forms to Amelia
a.larsen@lambsfarm.org

PAYMENTS & CONFIRMATIONS

Please fill in your payment information below. You will receive a field trip confirmation by email. Your group is not reserved until you receive a confirmation from Lambs Farm. Use a separate form for each individual group if they are scheduled for different days, or are scheduled the same day but at different times. Each individual field trip must pay the full balance due on the date of that field trip. **We cannot apply one check to multiple groups.**

Regular admission fees apply to individuals arriving after the group has checked in and paid for their trip. We do not accept Purchase Orders as a form of payment.

PAYMENT INFORMATION

Total Cost of Field Trip* \$ _____

Groups will pay in full day of trip according to final numbers

☐ Check or Money Order Number: _____
Please make check/money order payable to Lambs Farm

☐ MasterCard

☐ American Express

☐ Visa

☐ Discover

Credit Card Number _____

Name on Card _____

Expiration Date _____ CCV _____

Amount \$ _____

Signature _____

VISITOR GUIDELINES

Thank you for choosing Lambs Farm for your group field trip outing! For your safety and for the safety of the farmyard animals, we ask that the members of your group follow a few simple guidelines while enjoying your visit to our facility.

- No refunds given in case of rain once the group has checked in.
- One adult must accompany every ten children. Adults must stay with children at all times and at all locations on Lambs Farm property.
- At check-in, group leader will receive tickets for each paid member in the group for packages that include rides. Riders must follow all instructions from ride operator to ensure the safety of all riders.
- Animals in the Farmyard are on special diets to ensure their health. No public feeding is allowed.
- Do not chase, pickup, or in any way harass or attempt to harm any animals on Lambs Farm property.
- Persons entering the Farmyard and/or participating in rides assume all responsibility for lost or stolen articles and/or personal injury and agree to indemnify and hold harmless Lambs Farm from any actions, legal or otherwise.
- Lambs Farm reserves the right to ask groups not following these guidelines to leave the premises.

REQUIRED

FIELD TRIP GROUP AGREEMENT

- ☐ **YES**, I have read the information pertaining to Field Trips on this reservation form.
It is understood that my group will be held responsible for adhering to all guidelines.
I have read and completed all the information required.

Group Name _____

Signature of Group Leader _____ Date _____

Return both pages of this form to:

Lambs Farm | Amelia Larsen | 14245 W. Rockland Rd | Libertyville, IL 60048
Phone Number: 847.990.3781 | Fax Number: 847.362.6319 | a.larsen@lambsfarm.org

Email preferred



Field Trip Food Options

2024

Date of field trip & time of lunch:

_____ & _____

(Pavilion rental included with box lunches)

Qty x Price = Total

Box Lunch #1: Hot Dog, Chips, Cookie & Juice

_____ x \$6.50 = \$_____

Box Lunch #2: Pizza Puffs, Chips, Cookie & Juice

_____ x \$7.50 = \$_____

Box Lunch #3: Turkey & Cheese Sandwich, Chips, Cookie & Juice

_____ x \$7.50 = \$_____

Bakery Cookie:

_____ x \$1.50 = \$_____

Total Cost of Field Trip Food Options \$_____

Payments will be taken at the Cafe register

PAYMENT INFORMATION

Total Cost of Field Trip Food Options \$_____

Food order needs to be confirmed and paid in full no later than 10 days prior to field trip. Payment is non-refundable..

☐ Check or Money Order Number: _____
Please make check/money order payable to Lambs Farm

☐ MasterCard

☐ American Express

☐ Visa

☐ Discover

Credit Card Number _____

Name on Card _____

Expiration Date _____ CCV _____

Amount \$ _____

Signature _____

Cafe USE ONLY *** Box Lunch CONFIRMATION *** Cafe USE ONLY

Number of Box Lunch _____ Total Due \$ _____ Confirmed By _____ Date _____

Number of Cookies _____ Total Due \$ _____ Confirmed By _____ Date _____