



3500 Peachtree Road, Suite G-1
Atlanta, Georgia 30326

2019 HOMESCHOOL REGISTRATION FORM

All group field trips must be made with this form at least 10 business days before your visit.

TERMS & CONDITIONS

- Requested dates and times are subject to availability.
- A minimum of 10 paying children is required to receive group rates.
- Group rates are valid Monday – Friday and may exclude holidays and school breaks.
- Full and final payments must be made on the day of the visit.
- We do not accept and prepayments or mailed in payments.
- Your tax exempt letter must be sent in with this form.
- No refunds are given on group visits.
- Your trip is not booked until you receive a confirmation email from our group sales office.

SUBMITTING YOUR FORM:

Please Fax to: 404-848-9591 or email

LDCATL.Groupsales@LEGOLANDDiscoveryCenter.com

Questions about registration? Contact

LDCATL.Groupsales@LEGOLANDDiscoveryCenter.com

Phone: 404-848-9252 ext. 4001

GENERAL INFORMATION

Today's Date: _____

School Name _____

Contact Person's Full Name _____

Job Title _____

Contact Person's Work Email _____

School Address _____

City _____

State _____

Zip _____

School Phone # _____

Contact Person Phone # _____

Alternate Contact _____

Ages of Children _____

YOUR VISIT PREFERENCES

One adult chaperone is free for every five paying children. Child tickets are \$7. Additional adult tickets are \$10. If you choose the Meal Deal we will automatically include all guests in your order unless you indicate otherwise.

# CHILDREN		# ADULTS	

VISIT FEES – Please check all that apply

	OPTION	PRICE
<input type="checkbox"/>	CHILD ADMISSION	\$7.00
<input type="checkbox"/>	ADDITIONAL ADULT	\$10.00
<input type="checkbox"/>	MEAL DEAL	\$5.00
<input type="checkbox"/>	WORKSHOP	\$3.00
<input type="checkbox"/>	NO MEAL DEAL**	

	DATE OF VISIT	ARRIVAL TIME	DEPARTURE TIME
1 ST Choice			
2 ND Choice			
3 RD Choice			

**If you select to forgo the meal deal option, you are indicating that your group has plans to eat before or after the visit.

REGISTRATION AGREEMENT (Required)

I (please print name) _____ have read and understand the Terms & Conditions listed above regarding payment and booking terms, including LEGOLAND Discovery Center's no outside food policy.

Signature: _____ Date: _____

Please see the next page to complete your workshop and meal preferences



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Workshop & Meal Preferences

Please complete this form as best you can. Based on this information we will create a class & lunch schedule for the day of your visit.

- Choose your workshop and meal.** Workshops run approximately 30 minutes long. Workshops are not mandatory during your visit. Lunches are scheduled in 30 minute intervals. **Please choose one workshop for you group.** Meal deal numbers must be confirmed 48 hours prior to field trip. No refunds are given on orders.

WORKSHOP OPTIONS	Price	WORKSHOP GRADE LEVEL	CHOICE
Spinning Tops (30 kids max.)	\$3.00	K-1 st	<input type="checkbox"/>
Seasons (30 kids max.)	\$3.00	K- 1 st	<input type="checkbox"/>
Spin the Gears (30 kids max)	\$3.00	2 nd – 3 rd	<input type="checkbox"/>
What a Great Experience! (30 kids max.)	\$3.00	2 nd – 6 th	
Merry-Go-Round (30 kids max.)	\$3.00	4 th -6 th	

MEAL OPTIONS	PRICE	QTY.
Minimum order qty. is 10 per choice. If there are more than 90 meals ordered the meal option has to be the same for all.		
MEAL DEAL: Cheese Pizza, Small Snack, Juice Box	\$5.00	
MEAL DEAL: Corn Dog, Small Snack, Juice Box	\$5.00	

2. Transportation Details. How many busses will you be bringing with you?

Size of Buss	Number of Busses

IMPORTANT: Please submit both pages of this form at the time of registration. We can not guarantee workshop availability on the day of your visit without this information completed.

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