



Passport to the World

## Every Child, Every Family Request Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

City State Zip

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Amount able to pay: \_\_\_\_\_

### Purpose of this Request (please check one)

- Field Trip                       Admission Passes  
 Program or Class                 Family Membership  
 Other (please state) \_\_\_\_\_

Please use the space below to share one or two sentences that summarize why you are seeking reduced or free access. You may continue on the back side if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For office use only:

Date request received \_\_\_\_\_ Date notified \_\_\_\_\_

Approved:  Yes  No                      If yes, amount awarded: \_\_\_\_\_

Executive Director Signature \_\_\_\_\_

Please return this form to: Children's Museum of Fond du Lac  
75 W. Scott Street  
Fond du Lac, WI 54935