

## Matter of Trust Eco-Hub and Eco Home Field Trip Contract

Thank you so much for choosing the Matter of Trust Eco-Hub! We are very excited to work with you to ensure that this field trip is delightfully memorable, unique and an educational experience for your group!

### Participant Information:

Name of Organization \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact Person 2 Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of Field Trip \_\_\_\_\_ Duration \_\_\_\_\_ Theme \_\_\_\_\_

Which site would you want to visit:  ECO HUB/SOMA  ECO HOME/COLE VALLEY

How did you hear about Matter of Trust? \_\_\_\_\_

Activities: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Estimated Number of participants/students \_\_\_\_\_ Number of Assisting Adults \_\_\_\_\_

Age group \_\_\_\_\_ What cognitive age level do you want for the activities: \_\_\_\_\_

Are you aware of any participants with severe allergies? Yes/No

If yes, what allergies \_\_\_\_\_

This is **NOT** a nut-free zone. \_\_\_\_\_ Initial acknowledgement and agree to notify guests.

I understand that the event may be **photographed** for Matter of Trust Archives; these archives are used to show the public and funding sources what we do. If any participants in the event would not like to be photographed, it is my responsibility to inform the Matter of Trust Photography Staff where they are. \_\_\_\_ Initial acknowledgement

Are you aware of any physical limitations of your participants? Yes/No

If yes, what types of limitations \_\_\_\_\_

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**Field Trip Structure:**

All basic field trip structures include:

- One and Half hours of staff-led tour
- Field trips longer than 1.5 hours can be arranged for older groups and will include breaks for snacks or lunch that is mainly facilitated by the school staff or group leaders.
- We work hard to avoid a lecture-style field trip; the activities are hands-on and engaging.

**Food**

We do not provide food as part of our package; however, we do have a recommendation list of caterers, pizza places that deliver, and other restaurants we have worked with in the past. To be more green, we can help you pre-order and serve your food on eco-friendly tableware as well.

**Time Specifics**

This agreement guarantees you exclusive use of the Eco-Hub and Eco Home for the allotted hours. The gift shop is still open to the public from 11 to 4 PM. As we often have multiple events scheduled, we do ask that you limit your use of the space to the agreed times. Staff only has a 30-minute clean-up window. You are more than welcome to pass more time in the gift shop while staff gets ready for the next scheduled event.

**Fees/Payment:**

We request a minimum payment of \$100. Please submit this to reserve the time and space of the Eco-Hub/Eco-Home. It will cover the cost of any destroyed property at the Eco-Hub/Eco-Home during your event if that occurs. Additionally, if you DO NOT show up for the event or do not give us at least 24-hour notice for cancellation, the deposit will be kept to cover the expenses of materials and staff.

Payment can be made [online](#) or by calling (415) 252-1177 and leaving credit card information, or by bringing a check, credit card, or cash to our:

**Matter of Trust Eco-Industrial Hub**

1566 Howard Street  
San Francisco, CA 94103

**Matter of Trust EcoHome**

728 Cole Street  
San Francisco, CA 94117

**Matter of Trust  
Office Headquarters**

99 Saint Germain Ave  
San Francisco, CA 94114

Payment: \$100 \$\_\_\_\_other  
Paid with \_\_Credit/Debit \_\_Check\_\_Cash  
Date Paid \_\_/\_\_/\_\_\_\_

I/we \_\_\_\_\_ have read the MoFT Event Contract and discussed my event, themes, and expectations with the Matter of Trust Staff. All the information written above is correct and complete. The Event host is expected to have any necessary **Emergency Information** for their party.

\_\_\_\_\_  
Printed Name of Event Host                      Signature                      Date

\_\_\_\_\_  
Printed Name of Assisting Host                      Signature                      Date

\_\_\_\_\_  
Matter of Trust Staff Member                      Signature                      Date

Please sign off the following forms and email a copy to:

- [PHOTO RELEASE FORM](#)
- [WAIVER /LIABILITY RELEASE FORM](#)