

## Field Trip & Outreach Program Request Form

Thank you for your interest in the City of Gainesville Parks, Recreation and Cultural Affairs Department environmental science and cultural history programs! We offer a variety of curriculum-based programs that can be led in one of our city parks or at your location.

1. Please complete this form and send it to Morningside Nature Center ([EEPrograms@cityofgainesville.org](mailto:EEPrograms@cityofgainesville.org))
2. If more than three programs are requested, please complete and submit additional copies.
3. Filling out this form does not guarantee program booking. Once booked, you will receive a confirmation email. **This form must be received in order to confirm telephone registrations.**
4. **Participants** are considered to be anyone who might be interacting within the program in any way. Children in the arms of a guardian are not considered participants.
5. **Chaperone Policy:** The booking teacher attends free of charge as well as one chaperone per 10 participants. Any number of chaperones over that amount would pay the participant fee.

School/Group: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Email Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Program 1

Program Title: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Grade: \_\_\_\_\_

# of Participants: \_\_\_\_\_ Approximate Total # of Chaperone: \_\_\_\_\_

1st Choice Date: \_\_\_\_\_ Time: \_\_\_\_\_ 1st Choice Location: \_\_\_\_\_

2nd Choice Date: \_\_\_\_\_ Time: \_\_\_\_\_ 2nd Choice Location: \_\_\_\_\_

### Program 2

Program Title: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Grade: \_\_\_\_\_

# of Participants: \_\_\_\_\_ Approximate Total # of Chaperone: \_\_\_\_\_

1st Choice Date: \_\_\_\_\_ Time: \_\_\_\_\_ 1st Choice Location: \_\_\_\_\_

2nd Choice Date: \_\_\_\_\_ Time: \_\_\_\_\_ 2nd Choice Location: \_\_\_\_\_

### Program 3

Program Title: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Grade: \_\_\_\_\_

# of Participants: \_\_\_\_\_ Approximate Total # of Chaperone: \_\_\_\_\_

1st Choice Date: \_\_\_\_\_ Time: \_\_\_\_\_ 1st Choice Location: \_\_\_\_\_

2nd Choice Date: \_\_\_\_\_ Time: \_\_\_\_\_ 2nd Choice Location: \_\_\_\_\_

For Office Use:

Request Received: \_\_\_\_\_ Confirmation Sent: \_\_\_\_\_ Scholarship Applicants? \_\_\_\_\_

Pre-trip materials Sent (if applicable) \_\_\_\_\_ Follow up/Evaluation Sent \_\_\_\_\_

Notes: