

FIELD TRIP FORM

Today's Date:	School/Organization Name:		
School District:			
Teacher's Name(s):			
Teacher's Email(s):			
Phone (day):	Phone (evening):		
Grade Level(s):	_ Date of Event:/	*Rain Day Date:	
Arrival Time:	Departure Time:	(Typically	y 10am-1pm)
# Students (\$7/each): _	# chaperones (\$5/each): **	*# Paid Teachir	ng Staff (\$0)
Fire Pit (\$20):	S'mores (\$0.50/each):	_ # Additional hr(s) (\$2/d	child/hr.)
TOTAL DUE: \$	Invoice Requ	ested to secure PO#: Y o	r N
•	B hours long and includes three 50-nabination of learning and play time you be equal to 3.		
Playtime Sessions (1-2)	: Learning Sessions (1-	2):	
happy to choose lesson	title(s) & source selected from the pplans that work well for your grade would like us to select your lesson pl	level and age group. Ple	•
Comments/requests for	r special arrangements:		

Payment is due in full the day of your field trip, unless other arrangements were made prior to your field trip date. Please make check payable to ECO Center. *If we have inclement or rainy weather that prevents use of our outdoor facilities on the day of your scheduled event, you may opt for a reschedule (based on availability). ** The lead teacher is responsible for collecting admission costs for any participating parent chaperone, which will be due the day of the field trip. The number of participating students included on this agreement is used to determine staffing needs. Refunds are not offered for changes in participants made less than 72-hours from your visit.