

DATE RECEIVED _____

CONFIRMED _____

**F. D. Roosevelt State Park
2018-2019 School Program Application**

Complete entire form and keep a copy for your records!

Teacher's/Leaders Name _____ Day Phone _____

Cell Phone _____ e-mail _____

School/Organization _____ Best Time To Call _____

Address _____ Evening Phone _____

City _____ State _____ Zip _____ Fax # _____

Principal _____ Earliest Arrival _____ AM (ET) Departure _____ PM (ET)

Student Grade _____ # students _____ # teachers _____ # other adults _____

Bringing water bottles for warm weather walks?

Bringing Picnic Lunch & Drinks? Some picnic areas are sheltered

Basic Program cost is **\$5.00 for each student PreK- HS and for each extra adult.** Minimum Program fee \$75. Some programs require additional fees. Personal Vehicle Parking is \$5. Non-charter bus parking is FREE. Two teachers or chaperones per 15 students are FREE unless there are special needs that require more supervision. We must know the need.

Transportation: Check all that apply. Cars/ Vans **How Many?** _____ (Please carpool!)
 School Bus Charter **How many?** _____ All vehicles must arrive together.

List **at least 4 Program DATES** in order of preference: Tues-Fri are best. Make sure these are not holidays, in-service days, picture days, test days.

List your **Guided Program** request:

Check here if you have Special Student needs. Describe.

Other information you can provide us to help us plan your visit. Thank You!