EDUCATION SCHEDULING FORM

Date request submitted to Rental Coordinator: _____

Naturalist making room request: _____

Date of program/event: _____   Time of program/event: _____

Day of week: (check all that apply)   M   T   W   TH   F   SA   SU

Time needed for set-up: _____   Time needed for clean-up: _____

Contact Person: _____

School or Organization: _____

Address: _____

Phone: _____   email: _____

Approximate # of people expected: _____   Grade: _____   Age: _____

Theme(s) of Program/Event: _____
_____

Objective of Program and Instructions: (check all that apply)
 Field Trip   Lecture   Movie   Slide/Power Point   Other: _____

Program will be at: (please check one)   Fox Island   Metea

Location preference:
        First choice: _____
        Second choice: _____
        Third choice: _____

TO BE COMPLETED BY RENTAL COORDINATOR

Date Confirmed: _____   Location: _____

Special Notes: _____
_____
_____

(see other side!)

Allen County Parks and Recreation Department
Program Summary: Education Division

Date of Event: _____ Employee Name: _____

Program Name: _____

Fee Per: Child: $_____ Adult: $_____

Name of School, Troop, Group, etc.: _____

Contact person: _____ Phone #: _____

Email: _____Grade or Age Group: _____

Location: (Check One)   Type of Group (Check one)
 ☐ Fox Island   ☐ School Group
 ☐ Metea   ☐ Public Program
 ☐ Payton   ☐ Requested Program
 ☐ Cook's Landing   ☐ Special event
 ☐ Other _____   ☐ Other/Misc. _____

 Enter # of children & adults on appropriate line and totals will fill automatically

\# Children   X   Fee   =   TOTAL $

   _____   _____   _____

\# Adults   X   Fee   =   TOTAL $

   _____   _____   _____

TOTAL FEES COLLECTED: $ _____

Do fees collected match # of attendees X fee charged?   ☐ Yes   ☐ No

If no, reason for discrepancy: _____

_____

Comments: _____

_____

Costs Associated with Program*: _____

* (supplies, etc. only; do not include staff time)

OFFICE USE ONLY

Receipt # _____   Date _____   Employee _____

Invoice # _____   Paid by: ☐ Check   ☐ Cash
                                                                Check # _____

Cost of program (fees collected minus costs) $ _____