

This is the manual fill form that you can print out and fill out by hand.

EDUCATION SCHEDULING FORM

Date request submitted to Rental Coordinator: _____

Naturalist making room request: _____

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

Day of week: (circle all that apply) Mon Tues Wed Thurs Fri Sat Sun

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: (circle all that apply)

Field Trip Lecture Movie Slide/Power Point Other: _____

Program will be at: (please circle 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)

- ☐ Fox Island
☐ Metea
☐ Payton
☐ Cook's Landing
☐ Other _____

Type of Group (Check one)

- ☐ School Group
☐ Public Program
☐ Requested Program
☐ Special event
☐ Other/Misc. _____

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# 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) \$ \_\_\_\_\_