

Education Scheduling Form/Program Summary Sheet

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: _____ for clean up: _____

Contact Person: _____

School or Organization: _____

Address: _____

Phone: (____) _____ Email: _____

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

Theme (s) of Program/Event: _____

Location: (Check One)

___ Fox Island

___ Metea

___ Payton

___ Cook's Landing

___ Other: _____

Type of Group (check)

___ School

___ Public

___ Requested

___ Special event

___ Other: _____

Location Preference:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Date submitted to Rental Coordinator: _____ by (staff requesting) _____

TO BE COMPLETED BY RENTAL COORDINATOR

Date confirmed: _____ Location: _____

Special notes: _____

Children X Fee = TOTAL \$

Adults X Fee = TOTAL \$

TOTAL FEES COLLECTED: \$ _____

Do fees match # of attendees X fee charged? _____ YES _____ NO

If no, reason for discrepancy: _____

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) \$: _____