

Application for Darke County Parks
Field Trip Funding _____ **Date:** _____



School Name: _____

Teacher(s) Name(s): _____

Address: _____

Phone: _____ Email: _____

Field Trip Date: _____

Grade Level: _____

Number of Students: _____

Title of Program Requested: _____

Has your class attended a park field trip before? Yes ___ No ___

If yes, does your class schedule park field trips annually? Yes ___ No ___

Are you willing to complete an evaluation form after the field trip? Yes ___ No ___

Field Trip Budget:

Bus Driver Cost: \$ _____

Mileage Cost: \$ _____

Additional fees: \$ _____

Total \$ _____

Number of miles traveled: _____

A check will be issued if you are awarded funds. Who should the check be made out to?

Explanation of school's need: (Examples: ability for students to take a second field trip during the year, school levy unpassed, low transportation budget due to bus purchase, etc.)

Principal's Name: _____ Principal's Signature: _____

Teacher Name: _____ Teacher Signature: _____

In order to be considered for funding you must return this form **BEFORE**
the Friends of the Darke County Parks meeting prior to your field trip.
The Friends of DCP meet the first Tuesday of every month.