



Application for Darke County Parks
Field Trip Funding

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:

Cost of transportation to and from the park (fuel, driver, etc.): \$ _____

Cost of program (if any): \$ _____

Any other costs associated with field trip: \$ _____

Total \$ _____

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.)

Date: _____

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

Date: _____

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.