Roosevelt State Park 2970 GA Hwy 190 Pine Mountain, GA 31822

Phone 706-663-4858 Fax 706-663- 8906 Email [fdrpark\_naturalist@yahoo.com](mailto:fdrpark_naturalist@yahoo.com)

**DATE RECEIVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CONNFIRMED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### **F. D. Roosevelt State Park**

##### **2019-2020 School Program Application**

**Complete entire form and keep a copy for your records!**

Teacher’s/Leaders Name \_\_\_Day Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Organization Best Time To Call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_ Fax #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Earliest Arrival **AM** (ET) Departure \_\_\_\_\_\_**PM** (ET)

Student Grade\_\_\_\_\_\_\_ # students\_\_\_\_\_\_\_\_\_ # teachers\_\_\_\_\_\_\_\_ # other adults\_\_\_\_\_\_\_

Bringing water bottles for warm weather walks? Yes or No

Bringing Picnic Lunch & Drinks? Yes or No Some picnic areas are sheltered

Basic Program cost is **$6.00 for each student PreK- HS and for each extra adult.** Minimum Program fee $90.Some programs require additional fees. Personal Vehicle Parking is $5. Non-charter bus parking is FREE. Two teachers or chaperones per 15 students are FREE unless there are special needs that require more supervision. We must know the need.

**Transportation:** Check all that apply. 🞏 Cars/ Vans **How Many?**\_\_\_\_\_ (Please carpool!)

🞏 School Bus 🞏 Charter **How many?**\_\_\_\_\_\_ All vehicles must arrive together.

#### List at least 4 Program DATES in order of preference: Tues-Fri are best. Make sure these are not holidays, in-service days, picture days, test days.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **List your Guided Program request:**

* **Check here if you have Special Student needs. Describe.**

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**Other information you can provide us to help us plan your visit.** **Thank You!**