



Applewood Field Trip – School/Organization Information

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|---|-----------------------|---------------------|
| School/Organization: | | |
| Street Name: | City: | State and ZIP Code: |
| Phone number: | | |
| Coordinator name (Person on the phone): | | |
| Email: | Contact Phone Number: | |

Field Trip Information

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| Name of Field Trip/Program: | Total Number of Participants: |
| Program Date: | Number of Participants from ZIP codes 48504, 48505, 48506 (unless school is located in north Flint): |
| Any participants with photo/video restrictions? | Any participants with food allergies/restrictions? |
| Did you (coordinator listed above) collect permission forms for all participants to attend the field trip/program? | |
| <i>Any updates to special accommodations we should be aware of?</i> | |

Comment/Concerns/Questions:

Please sign here to acknowledge that all parents/caregivers/guardians received a copy of the field trip information packet, including the Ruth Mott Foundation release of liability.

Name: _____ Signature: _____ Date: _____