**FIELD TRIP AND OUTREACH PROGRAM REQUEST**

**School Year 2019-2020**

**Summer 2020**

|  |  |
| --- | --- |
| Group Contact Information |  |
| School/group name: | Enter text |
| Teacher/group contact name: | Enter text |
| Phone: | Enter text |
| Email: | Enter text |
| Mailing address: | Enter text |

|  |  |
| --- | --- |
| Visitor Information |  |
| Student age/grade level | Enter text |
| Total number of students/participants | Enter text |
| Total number of classes/groups | Enter text |
| Estimated number of parents/adults/teachers attending: | Enter text |
| Indicate any necessary accommodations: | Enter text |

**Special instructions to teachers and group leaders:**

* Groups may submit up to three requests. Include all requests on this form.
* Overflow dates necessary for Field Trip groups larger than 130.
* For each request, select preferred dates and either a **Field Trip** or **Outreach Program**.

*A full listing of information is provided in the annual Field Trips and Outreach Programs publication posted here:* [*https://www.lm.doe.gov/Weldon/Programs.aspx*](https://www.lm.doe.gov/Weldon/Programs.aspx)

|  |  |
| --- | --- |
| Office Use Only |  |
| Received: | Date: Enter text | 1st Confirmation Sent: Enter text |
| Reservation #1 | Date: Enter text | Program(s): Enter text |
| Reservation #2 | Date: Enter text | Program(s): Enter text |
| Reservation #3 | Date: Enter text | Program(s): Enter text |
| Notes: Enter text |

**Request #1**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Arrival Time | Departure Time |
| Preferred Date: | Date | Enter time | Enter time |
| Alternate: | Date | Enter time | Enter time |
| Alternate: | Date | Enter time | Enter time |

Choose either a **Field Trip** or **Outreach Program**. Leave other section blank.

|  |  |  |
| --- | --- | --- |
| **Field Trip:** | Choose rotation #1 | Overflow date required for groups larger than 130 parents and students. Leave blank if less than 130. |
| Choose rotation #2 |
| Choose rotation #3 | Preferred: Date | Alternate: Date |

|  |  |
| --- | --- |
| **Outreach Program:** | Choose one outreach program |
|  | Outreach Program location/address: Enter text |
|  | Please indicate audio-visual equipment that you can supply: Select equipment |

**Request #2**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Arrival Time | Departure Time |
| Preferred Date: | Date | Enter time | Enter time |
| Alternate: | Date | Enter time | Enter time |
| Alternate: | Date | Enter time | Enter time |

Choose either a **Field Trip** or **Outreach Program**. Leave other section blank.

|  |  |  |
| --- | --- | --- |
| **Field Trip:** | Choose rotation #1 | Overflow date required for groups larger than 130 parents and students. Leave blank if less than 130. |
| Choose rotation #2 |
| Choose rotation #3 | Preferred: Date | Alternate: Date |

|  |  |
| --- | --- |
| **Outreach Program:** | Choose one outreach program |
|  | Outreach Program location/address: Enter text |
|  | Please indicate audio-visual equipment that you can supply: Select equipment |

**Request #3**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Arrival Time | Departure Time |
| Preferred Date: | Date | Enter time | Enter time |
| Alternate: | Date | Enter time | Enter time |
| Alternate: | Date | Enter time | Enter time |

Choose either a **Field Trip** or **Outreach Program**. Leave other section blank.

|  |  |  |
| --- | --- | --- |
| **Field Trip:** | Choose rotation #1 | Overflow date required for groups larger than 130 parents and students. Leave blank if less than 130. |
| Choose rotation #2 |
| Choose rotation #3 | Preferred: Date | Alternate: Date |

|  |  |
| --- | --- |
| **Outreach Program:** | Choose one outreach program |
|  | Outreach Program location/address: Enter text |
|  | Please indicate audio-visual equipment that you can supply: Select equipment |

**Notes, requests, and any additional information to share with our staff:**

Enter text

**Return to:**

Weldon Spring Site

**Requests received prior to the following dates will be confirmed on or after:**

School Year 2019-2020: August 1, 2019

Summer 2020: March 1, 2020

U.S. Department of Energy Office of Legacy Management

7295 Highway 94 South

St. Charles, MO 63304

Phone: 636-300-2601

Fax: 636-300-2626

Email: WSInterpretiveCenter@LM.DOE.GOV

Thank you! We look forward to helping inspire and challenge your students.

 - Weldon Spring Site Staff