

DEPARTMENT OF NATURAL AND CULTURAL RESOURCES NORTH CAROLINA DIVISION OF PARKS AND RECREATION Field Trip Request Form

Notice: This is a request for ranger-guided Field Trip experience. This does not confirm your placement or dates. Please email this completed form to the state park for which you are requesting a field trip. A link to email addresses for state park offices is at the bottom of this form. We aim to respond within 10-days to confirm availability.

Name of teacher/coordinator:		Date:
Contact phone number:	Contact email:	
Name of School/Group :		
Were you in the School in Parks Collaborative?	□No What school year was you	r cohort?
Age/grade level of students/kids:		
# of students*: # of adults (in *if more than 100 students, split into two days.	ncluding teachers):	Total # of people:
Please let us know if we need to consider adapting a sound sensitivity, etc.) Describe:	ctivities for special needs students. (e	.g. mobility issues, visually challenged,
Which state park do you wish to visit?		
Is this your first time leading a field trip to this park?	□ Yes □ No	
If applicable, list your second choice for a state park to	o visit:	
What curriculum topics do you wish to cover during the field trip?		
Please note other facility or program requests (e.g. pi	cnic shelter for lunch, Big Canoe proc	grams):
Date(s) Desired: Tuesday – Thursdays are preferred		
First preferred date: Second p	referred date:	Third preferred date:
Arrival time: Departure time:		
Find park email and telephone numbers at <u>ncparks.g</u>	ov/contact-list	
Check this box if other than the teacher/coordinate	or completing this form. Please inclu	de your name and phone number.
Name:	Phone:	