Adventures in Lifelong Learning

UW Parkside, 900 Wood Rd, Box 2000, Kenosha, WI 53141-2000 Phone: 262-595-2793 email: greco@uwp.edu

Event-Worksheet for Day Trips (2 pages)

Name of Day Trip:		Event Date:				
Trip Leader/s:	Pho	ne#	Email:			
	Pho	ne#	Email:			
Departure START Time:		Return END Time:				
Brief Summary of event:						
Maximum Group Size:	Member Cost per Pe	erson: \$	Guest Cost po	er Person: \$		
Motor Coach/Bus Size: 38_	5681	Self Drive				
Anticipated expenses		Actual expen	ises			
Cost charged per person		Actual reven	ue			
			or loss			
DESTINATION SITE #1:						
Addross		c	`tata.	710.		
Address:		3	nate.	ZIP.		
Contact Name and Title:						
Phone#:	Email:					
Arrival Time:	_Departure Time:	Type of	payment: Check	Credit Card		
Note: ALL office ne	eeds an invoice to process a	a check payme	ent 4 weeks prior t	to event date.		
Deposit Required: \$	Deposit Due Date	e:	Final Paym	nent: \$		
Final Payment Due Date:	Date of Fi	Date of Final Number of Participants Due:				

DESTINATION SITE #2:					
Address:		State:	ZIP:		
Contact Name and Title:					
Phone#:	Email:				
Arrival Time:De Note: ALL office need	eparture Time:s an invoice to process a che				
Deposit Required: \$	Deposit Due Date:	Final Pay	yment: \$		
Final Payment Due Date:	Date of Final N	e of Final Number of Participants Due:			
DESTINATION SITE #3:					
Address:		State:	ZIP:		
Contact Name and Title:					
Phone#:	Email:				
Arrival Time:De Note: ALL office need	eparture Time:s an invoice to process a che				
Deposit Required: \$	Deposit Due Date:	Final Pay	yment: \$		
Final Payment Due Date:Date of Final Number of Participants Due:					
INFORMATION FOR FLYER:					
Date to be ready for ALL office:Date to be mailed/emailed:					
Deadline Date for signups:					
Make sure to include details: m	nenu, activity level, handic	ap access, amount of v	walking, rain or shine, etc.:		
Committee Member filling out	form:				

Updated and forms combined March 2023 by Carole Scotese