Adventures in Lifelong Learning

UW Parkside, 900 Wood Rd, Box 2000, Kenosha, WI 53141-2000

Phone: 262-595-2793 email: greco@uwp.edu

Worksheet for Day Trips (2 pages)

Name of Day Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trip Leader/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departure Place and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate Return Place and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maximum Group Size: \_\_\_\_\_\_Member Cost per Person: $\_\_\_\_\_\_\_ Guest Cost per Person: $\_\_\_\_\_\_\_\_\_

Motor Coach/Bus Size: 47\_\_\_\_ 56 \_\_\_\_ 80\_\_\_\_\_Other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus quote: $\_\_\_\_\_\_\_\_Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Worksheets Submitted to ALL Office: \_\_\_\_\_\_\_\_\_ Date copy given to Day Trip Chairs: \_\_\_\_\_\_\_\_\_\_

One Page Event Report: Date Submitted to Treasure and ALL Office: \_\_\_\_\_\_\_\_\_\_\_\_ Note: This report contains cost estimates for bus, meals, entrance fees, etc. this report is used to determine cost for trip. Please attach a copy of the trip’s flyer to this Event Report.

DESTINATION SITE #1:

Name of Site #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_

Contact Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrival Time: \_\_\_\_\_\_\_\_\_\_ Departure Time: \_\_\_\_\_\_\_\_\_ Type of payment: Check \_\_\_\_ Credit Card \_\_\_\_ Note: ALL office needs an invoice, two weeks prior to process payment if needed day of trip.

Deposit Required: $\_\_\_\_\_\_\_\_\_\_\_ Deposit Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Final Payment: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Payment Due Date: \_\_\_\_\_\_\_\_\_\_\_\_ Date of Final Number of Participants Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page 1.

DESTINATION SITE #2:

Name of Site #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_

Contact Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrival Time: \_\_\_\_\_\_\_\_\_\_ Departure Time: \_\_\_\_\_\_\_\_\_ Type of payment: Check \_\_\_\_ Credit Card \_\_\_\_ Note: ALL office needs an invoice, two weeks prior to process payment if needed day of trip.

Deposit Required: $\_\_\_\_\_\_\_\_\_\_\_ Deposit Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Final Payment: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Payment Due Date: \_\_\_\_\_\_\_\_\_\_\_\_ Date of Final Number of Participants Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESTINATION SITE #3:

Name of Site #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_

Contact Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrival Time: \_\_\_\_\_\_\_\_\_\_ Departure Time: \_\_\_\_\_\_\_\_\_ Type of payment: Check \_\_\_\_ Credit Card \_\_\_\_ Note: ALL office needs an invoice, two weeks prior to process payment if needed day of trip.

Deposit Required: $\_\_\_\_\_\_\_\_\_\_\_ Deposit Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Final Payment: $\_\_\_\_\_\_\_\_\_\_\_\_\_

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 for signups: \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do include these details: menu, activity level, handicap access, amount of walking, rain or shine, etc.

Updated Feb 2018 by Carole Scotese Page 2.