

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: _____

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: _____

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