



**Parks, Recreation
and Historic Preservation**

Field Trip Scheduling and Inquiries:

Education Department 518-828-1872 x105
Fax 518-828-1793

Day of the Field Trip:

Museum 518-828-0135
Amy Hufnagel 518-567-4672

Field Trip Application

School Name/Organization: _____

Contact Person (Field Trip Coordinator): _____

Address: _____

Telephone: _____ **E-mail:** _____

Cell phone: _____

Day/Date of Visit: _____ **Time in/out:** _____

Field Trip Content:

- Iceberg & Clouds
- 2-D to 3-D and Back Again
- Islamic/Persian Design
- From Sketch to Study to Painting
- Land as Canvas
- 1 hour house tour ONLY

Grade Level: _____

Number of students expected: _____

Number of teachers/chaperones expected: _____

Please list 4 possible dates for your visit: _____

Special Needs or Special Instructions (anything you think we should be aware of concerning your group)?

Amount of Registration Fee: _____

Factored at \$10 per student; some teachers/chaperone's free relative to group size.
Please check with field trip administration before ordering payment.

When attendance # is set, please make checks payable to *The Olana Partnership*.

If an invoice is required for school PO/Billing please give all the contact information for the School Accounts Payable Dept so we can send them an invoice. Include this information if appropriate for billing processing.

Name: _____

Address: _____

Town, State, Zipcode: _____

Phone: _____

Fax: _____

E-mail: _____

Any Other Additional information?

Signed by: _____ **Title:** _____

Organization Name (please print): _____

Date: _____

Initialed by TOP Staff:

Date: