Alta Vista Botanical Gardens CHILDREN'S FIELD TRIP APPLICATION



Teacher or Leader: _			Alta Vista Gardens	
Grade, School, Trod	op #:			
email:		Phone:	Phone:	
Month(s) for field trip		: We wi	: We will reply and offer dates	
Time preferred::		: Field trip is 1 ½ hour	: Field trip is 1 ½ hours, Gardens close at 4:30/5:00 pm	
Field Trip Focus:				
Check one: C	A Science Standa	rds Grade (Other	
Scout badge (title)			Please Provide a copy	
Gardens. Field Trip Fee: \$19 PLUS \$5 per person All funds from field trip Email application as a	/ill be provided and 5 for Scout groups -age 3 and over in os help fund develop an attachment to farr	, \$25 for groups up to 25 ncluding adults oment of the A.V.B.G. Chilmerjones@altavistagarder	ns.org or call (760) 822-6824	
**************************************		***********	Date	
Field Trip to Alta Vis	ta Botanical Garde	ens		
Leader/Contact				
			ld trip	
Total attendance	x \$5 = \$	Plus field trip fee _	= \$	
Paid Check #	Cash \$	Total \$		
Make checks pavable	to Alta Vista Garde	ens and add on the mem	o line Field Trip	

Alta Vista Gardens, Attn: Nancy B Jones c/o Recreation and Community Services Dept. 200 Civic Center Drive VISTA CA 92084