## River Explorer A Project of Ohio River Foundation

## **Scheduling Application**

Do not send any money with this application. Contracts and billing will follow with confirmation of all program dates.

Date: Gro	up/School:			
Contact Person(s):		Position/Title:		
Address				
City:	State:	Zip:	County:	
Phone Number ()	Fax: (			
Email Address:				
What is the grade level of your stude	ents? (Limited to 4th-12th gra	ades)	_	
How many students/children will be	involved in the program? _			
Please identify a trip location from li a site with you after a trip application		If	no location is selected, staff will select	
Please circle the third station appropriate River Chem	priate for your class' grade I nistry (gr. 6-12) Water			
How many other teachers or adults	will be participating?			
Are there any special teaching or ac	tivity requests?			
Does your group have any special r	needs that should be addres	ssed?		
Field trips typically last about 4 hour several possible dates for trips.	s with a 25 minute sack lun	ch break. Please co	nsult your school calendar and give	
1				
2				
3				
For your group to be given priority in	scheduling please submit	vour application as	soon as nossiblel	

For your group to be given priority in scheduling, please submit your application as soon as possible!

If you have any questions, please call us at (513) 460-3365.

Please mail or fax this application to: Ohio River Foundation

**RE** Coordinator P.O. Box 42460

Cincinnati, OH 45242

Fax: (513) 469-6755