



Friends of Hilltop Arboretum
Field Trip Application
Complete and return to: amy@friendsofhilltop.org

Field Trip Date _____

Contact Name _____ Email Address _____

School Name _____

Street Address _____

City, State, Zip _____

Work Phone _____ Cell Phone _____

Students _____ (maximum 75) Grade Level(s) _____ # Chaperones _____

Do you need an invoice? ☐ Yes ☐ No

Estimated time of Arrival at Hilltop _____

Estimated time of Departure from Hilltop _____

For Office Use

Charges Due by Date of Field Trip

Number of Students _____ x \$2.00 = \$ _____

Record of Payment

Payment Received \$ _____ Date Paid _____

Payment Method ☐ Credit Card ☐ Check # ☐ Cash

Notes _____
