School & Youth Group Visit Request Form



Please complete all fields.			
School or Organization		Grade(s) or Age(s)	
Teacher Information			
Full Name		Accounting Informa	ation
	Fu	ıll Name	
Phone		Phone	
Email		Email	
Arrival Date 1st, 2nd, & 3rd choice	Address		City
	State		Zip
		Payment Type	
		Invoice	Payment upon arrival
		Transportation Mo	de
Arrival Time (No arrivals before 10:00AM		Departure Time	
Snack Time		Lunch Time	
Do any of your students have food allergies?	Please add the 1	number of students w	vith these allergies.
Number of Students Stud	lent Grade(s)		
Number of Teachers (including one-on-one	e aids) N	umber of non-teache	r chaperones

We know every class/youth group is unique and filled with a variety of learners. Is there any social, emotional, or learning styles information for your class(s)/group(s) you feel would be helpful for us to know before your visit?

We want to ensure that teachers, chaperones and students are comfortable on our operational dairy farm. Do you have any questions before your visit?

Would you like your visit to connect to another piece of your curriculum? Please provide a brief description below.

Please email completed request forms to Mollie Surprenant, School and Youth Groups Coordinator at schoolgroups@billingsfarm.org.