

**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

Schools and organizations must provide a Certificate of Insurance (COI) naming Louisiana State University and the Friends of Hilltop Arboretum as additional insured. The certificate must be submitted prior to your scheduled visit.

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

Date Certificate of Insurance Received _____

Notes _____
