

## NSS and NGES Enrichment Program Worksheet

Please 1) coordinate with Principals and School Secretaries for approval and 2) send copy of approved form to the PTG members listed below:

PTG President (Beth Foley) (ngesptg@gmail.com)

Treasurers (Maria Adamo/Kristin Wood) (ngesptgtreasurer@hotmail.com) (along with invoice)

Secretary and Website Developer (Tiffany Bubriski) (tbubriski@gmail.com)

### PROGRAM DETAILS:

Program Name: \_\_\_\_\_

Date(s) of Program: \_\_\_\_\_

Time(s) of Program: \_\_\_\_\_

Grade(s) involved in Program: \_\_\_\_\_

Special Needs or requests: \_\_\_\_\_

### LOCATION DETAILS:

If held in school, answer questions 1-2:

1. Names of visitors: \_\_\_\_\_

2. Arrival/Departure Time of visitor(s): \_\_\_\_\_

\*Please coordinate visitor badges with school office administrator

If held outside of school, answer questions 3-4: \_\_\_\_\_

3. Location: \_\_\_\_\_

4. How many buses are required (each bus holds about 50 people): \_\_\_\_\_

### Enrichment Coordinator:

Phone/email: \_\_\_\_\_

Teacher in charge (Name and email): \_\_\_\_\_

Number of Chaperons required: \_\_\_\_\_

Total Cost of Program (buses not included): \_\_\_\_\_

Deposit Required? Amount and date due if yes: \_\_\_\_\_

\*For any payment to be made, an **invoice** must be sent to the PTG Treasurers at **least two weeks in advance**

of the event. PTG Treasurers will coordinate all payments with appropriate person/agency.

Is there a grant for this program? If yes, please provide amount of grant: \_\_\_\_\_

Estimated amount per student (whole dollar only): \_\_\_\_\_

Cost of Bus(es) (Work with Mrs. SanSoucie or Mrs. Jackman): \_\_\_\_\_

Due date for parent payment: \_\_\_\_\_

### Event Contact Name:

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_