



# Day Trip

Trip to: \_\_\_\_\_

Name of Trip Leader(s): \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

BIRTHDATE \_\_\_\_\_  
MONTH DAY YEAR

IF AN EMERGENCY INVOLVING YOU OCCURS DURING THIS EVENT, WHOM SHOULD WE INFORM? (PREFERABLY A RELATIVE)

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

ADDRESS \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

Attach or **e-mail** a **Brief Bio** (50 words or less). Your Bio will appear in the ILR class catalog. (Warning: due to space limitations, any Bio might be edited for length.) info@ilretirement.org

Attach or **e-mail** a **Description** of the trip (50 to 100 words). Please include what participants will see, experience or learn during the activity. A description will appear in the ILR class catalog: (Warning: due to space limitations, any description might be edited for length.) info@ilretirement.org

**Earliest possible date** for trip: \_\_\_\_\_

**Latest possible date** for trip: \_\_\_\_\_

Trip's Start & End Times (**including travel time**): \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Number of participants: **Maximum** \_\_\_\_ **Minimum** \_\_\_\_

We usually schedule trips on **Fridays**. Saturday also is possible. For you, what are the acceptable day(s) of the week (circle all that apply).

**Fri Sat Other** \_\_\_\_\_

**Transportation:** \_\_\_\_\_ car pool

\_\_\_\_\_ motor coach (generally will cost at least \$35 per person)

- Rendezvous** location(s) (check all that apply):
- \_\_\_ Slippery Rock Giant Eagle
  - \_\_\_ Fowler Building, 165 Elm St., S.R. (Sat. or Sun. only)
  - \_\_\_ Cambell's bus barn (S.R)
  - \_\_\_ **other** (where? \_\_\_\_\_)

Please note that, due to rising transportation costs, the ILR can no longer pay for the Trip Leader(s) motor coach transportation.

*continue on other*

**Admission Fee(s) & Deposits:**

\$\_\_\_\_ for each person to be paid by ILR on the day of the trip  
\$\_\_\_\_ for each person to be paid by participants on the day of the trip  
\$\_\_\_\_ for each person to be paid by ILR in advance due by (give due date): \_\_\_\_\_  
advance lump sum deposit of \$\_\_\_\_\_ required by (give due date): \_\_\_\_\_

Considering a trip of the duration you are proposing, what arrangements will be made for participants' meals?  
\_\_\_\_\_ Will participants pay for their own meals? \_\_\_ yes \_\_\_ no

**Physical difficulty level:**

\_\_\_ appropriate for walkers or wheel chairs  
\_\_\_ walking required, less than 2 blocks, mostly level ground & few stairs  
\_\_\_ walking required, over 2 blocks and/or some uneven terrain and/or one or more flights of stairs  
\_\_\_ walking may be strenuous at times; distance = \_\_\_\_\_ miles

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**We welcome proposals at any time.**

**Fall proposal deadline - May 30**

**Spring proposal deadline - December 1**

Please complete this form as fully as you can and send it to:

PLEASE TAPE OR STAPLE CLOSED

PLEASE  
PLACE  
**STAMP**  
HERE

Institute for Learning in Retirement  
Fowler Building  
165 Elm Street  
Slippery Rock, PA 16057