



GRANT REQUEST

Old Town San Diego Foundation

San Diego Heritage Program

4th Grade Field Learning Experience

email: FieldTrips.OldTownSanDiego@gmail.com

Fax: (442)333-9711

Date: _____

School District: _____

Name of School: _____ Title 1: Yes No

School Address: _____ City: _____

Person Requesting Grant: _____

E-mail: _____ Phone: _____

Grade Level: _____ Number of Students: _____ Number of Adults: _____

Please note that only one adult per 10 students is included in the grant.

School Trip ID: _____

Date of Trip (Please fill in 3 field trip dates in order of preference) : _____

1. _____
2. _____
3. _____

Reservations are not guaranteed until written confirmation is received by the Old Town State Park.

Time you plan to arrive in Old Town: _____ Time of Departure: _____

Program runs weekdays from 10am-1pm with visits to various State Park sites, the Mormon Battalion U.S. Army of the West, and a lunch break.

Special Considerations: _____

Please fill out and fax or email to the above