DATE REQUEST FORM FOR SCHOOL VISITS

GEORGIA AG EXPERIENCE

- A MOBILE CLASSROOM POWERED BY -



You must agree to the following statements to proceed with submission.

- Request must be submitted by a trained County Farm Bureau Coordinator. If you have not reviewed your county training guide and taken your 2022 assessment quiz, please do so first.
- County Farm Bureau Coordinator must have submitted a quiz to proceed with the request.
- Dates requested are not guaranteed. You can register at any time during your designated sign up period. Requests will not be approved until the sign up period has ended. You will be notified via email of the decision.
- The Georgia Ag Experience visit fee is \$250 a day. The final fee
 will be calculated once the request dates are approved. A 50%
 non-refundable deposit is required at time of confirmation
 and due with 14 days of notice. The refund can only be made if
 the event is cancelled due to inclement weather, trailer
 maintenance, pandemic, or natural disaster.
- Due to our supportive sponsors, subsidies are available for eligible organizations or schools to help cover up to 80% of the cost. The subsidy program is needs-based and invite-only.
 Upon approval of your date request, you will be notified if your organization or school is awarded the subsidy.
- At least 1-2 additional county volunteers must attend the visit to support the county coordinator during the day. Online training is suggested for volunteers prior to the visit, but not required.
- You and your visit location must be willing to allocate at least 50 minutes per student for the Georgia Ag Experience. (No short 15 min etc. The trailer activities are planned and take some time.)

Agreement*	I have read and agree to the terms above

COUNTY FARM BUREAU DETAILS

COUNTY OFFICE INFORMATION

Please list the details for the county Georgia Farm Bureau office that is submitting this date request.

COUNTY O	FFICE NAME:			
ADDRESS:				
	Street Address			
	City		State	Zip Code
PHONE:				
COUNTY:			DISTRICT:	
FB COUNT	Y COORDINATOR MAIN C	ONTACT		
he GAE main	contact for the County Farm	Bureau is typically the Office I	Manager.	
ULL NAME:			POSITION:	
	Last	First		
		EMAIL:		

ADDITIONAL VOLUNTEER #1 (required)

up. A visit will not be approved if a volunteer cannot be present. **FULL NAME:** Last First PHONE: **ADDITIONAL VOLUNTEER #2** (optional) FULL NAME: _ Last First PHONE: _____ EMAIL: _____ **EVENT DETAILS** ORGANIZATION/SCHOOL INFORMATION **ORGANIZATION TYPE:** O Elementary School Community Organization Other _____ NAME OF ORGANIZATION/SCHOOL: ADDRESS: Street Address City State Zip Code If approved, the trailer classroom MUST be parked on O Yes Has the Georgia Ag Experience visited your a flat, paved, level surface (no grass/dirt). Access to O Yes school/organization in the past 3 years? \bigcirc No the event location must be large enough for a tractor O No trailer to easily enter and the exit the parking area. Does the school/organization have any AG O Yes Will this be possible at the event location? programming in place already? O Yes O No Has the Georgia Ag Experience visited your \bigcirc No Does the school/organization work with low-O Yes county in the past 3 years? income individuals? O No **ORGANIZATION / SCHOOL MAIN CONTACT** This will be the main contact for event details (like schedules, registration forms, additional activities) and the contact for delivery of the vehicle. **FULL NAME:** _____ POSITION: ______ Last First PHONE: _____ EMAIL: ____

At least one volunteer, in addition to the main contact/county OM, must be present at every day of the event and arrive early to help set

ORGANIZATION / SCHOOL LEADERSHIP CONTACT

Approval of the event is required prior to submis approved this visit request (i.e. School Principal,	_		nip who has					
FULL NAME:		POSITION:						
Last	First							
PHONE:	EMAIL:							
PROGRAMN	NING, DATE	REQUESTS & FEES						
PARTICIPANT DETAILS								
3 RD GRADE STUDENTS: (TOTAL #)	3 RD (GRADE CLASSES (TOTAL #)						
4TH GRADE STUDENTS: (TOTAL#)	4 TH C	GRADE CLASSES (TOTAL #)						
5 TH GRADE STUDENTS: (TOTAL #)	5 TH C	GRADE CLASSES (TOTAL #)						
FEE CALCULATION								
TOTAL NUMBER OF STUDENTS:		NUMBER OF DAYS NEEDED:						
TOTAL NUMBER OF CLASSES:		ESTIMATED FEE:						
DATE PREFERENCES								
Please review the available dates for your distributions and a different sets of da		ne correct time frame will not be reviewed. Do r	not list any					

duplicate dates. We need 3 different sets of dates.

PREFERRED DATE(S) #1: ______ PREFERRED DATE(S) #2: _____ PREFERRED DATE(S) #3: __ ARE THE ABOVE DATES FLEXIBLE? • Yes IF YES, PLEASE LIST ANY DATE RANGES THAT ARE NOT AN OPTION: O No

While the Georgia Ag Experience aims to make every attempt for successful visits, we cannot guarantee the delivery of the trailer and staff at every visit. Due to the nature of a traveling trailer, maintenance, weather, and other unforeseen circumstances, cancellations may take place. We reserve the right to change this policy at any given time, of which you will be promptly updated.