

GEORGIA AG EXPERIENCE

A MOBILE CLASSROOM POWERED BY



GAE SUMMER EVENT WORKSHEET

County Office Name: _____

Event Location (Name and Address): _____

Delivery Contact (Name and Cell Phone): _____

** Unless otherwise stated, the trailer unit will be delivered the day before your visit. If your visit falls on a Monday, it will be delivered the weekend before. Please notify your event coordinator of this plan.*

County FB Contact (Name and Cell Phone): _____

Number of Volunteers Attending (2 are required to be inside the GAE at all time): _____

Program Format:

- Scheduled Blocks: Classroom style with lesson plan included. (50-60 min intervals).
- Open House/Fair Style Format: Mobile Classroom with no additional activities, best suited for large events.
- Other: _____

GAE Education Coordinator Assistance Is an additional activity needed? Yes No

GFB County Activities Any additional activities that your county plans to run? Yes No **Please describe**

GAE Scavenger Hunt: Laminated copies of the scavenger hunt are available for you upon request. Make sure to bring writing utensils.

Start Time: _____

End Time: _____

***CONSENT FORM & MEDIA RELEASE:** For events, we have a consent poster that will be placed outside the trailer to be seen before entering. This **does not** include a media or photo release.

***FINAL PAYMENT:** Reminder to send remaining 50% payment on or before the first scheduled visit day

COMMUNITY EVENT SCHEDULE WORKSHEET

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SUGGESTIONS:

- Ideal time frame is 1 hour per group for block scheduling.
- No more than 15 people should be inside the GAE at one time.
- This is for your records. Please notify your Education Coordinator of your plans.

Location Name: _____

Visit Date: _____ Earliest Start Time: _____ Required End Time: _____

Day (circle one): 1 2 3 4 5 6

BLOCK	START TIME	END TIME	NUMBER OF STUDENTS	AGE RANGE	TEACHER NAME	OTHER VOLUNTEER NAME
1	8:30 AM or later					
2						
3						
4						
5						
6						
7						