

NEP use only
 Repeat First Time

Date Received: _____

Northeast Passage Program Request Form

School: _____ Billing Contact: _____
(If different from person completing form: include email address as well)

Name/Title of Person Completing Form: _____

Email of Person Completing Form: _____

Date Preference: _____ Secondary Dates: _____

Number of Days _____ Program Time _____ Rain/Snow Dates: _____
(Billed for all hours that resources are occupied, including breaks)

Is there flexibility with the proposed schedule? YES NO

Total Number of Students with Disabilities _____ Total Number of Students _____

Day/s of Information:

Day of Contact: (Name/Title) _____

Day of Contact: (Phone #) _____ Arrival Time: _____
(Consider peak bus & student drop off traffic)

Unloading/Parking Instructions: _____

For multi-day programs, can NEP leave a trailer overnight? YES NO N/A

For multi-day programs, is there a secure space to store equipment overnight? YES NO N/A

Check-In Process at School: _____

Program Preference: (Refer to the attached document for program information)

Similarity Awareness

Supplemental PE Unit Programs

Paralympics (handball, bocce, sit volleyball, goalball): (Please Specify) _____

Archery

Cycling

Ice Skating

Snow Shoeing

Other: (Please Specify) _____

Please provide detailed information on the following for all program days:

- Class schedule (including start/end time and breaks)
- Number of times classes will repeat for multi day program
- Number of students per class
- Grades per class
- Disability specifics per class (including # of students with a disability and type of disabilities)
- If NEP is already familiar with specific student needs please provide names

Any additional information on what your school is looking to get out of the program and specific scenarios related to your students will help guide NEP's focus and involvement.

Please return completed forms to northeast.passage@unh.edu