



FIELD TRIP REQUEST FORM

SCHOOL _____ PHONE _____ FAX _____

ADDRESS _____

TRIP DATE/DAY _____

REQUESTED BY _____ EMAIL ADDRESS _____

DESTINATION _____ REPORT TO _____

DESTINATION ADDRESS _____

Pick-Up Time at School _____ AM/PM # of Students _____

Pick-Up from Destination _____ AM/PM # of Adults _____

Return Time to School _____ AM/PM # of Coaches _____

**ALL FIELD TRIPS MUST BE REQUESTED 2 WEEKS PRIOR TO DATE OF TRIP
MUST PAY 4 HOUR MINIMUM**

METHOD OF PAYMENT

PURCHASE ORDER # _____ COD _____

(Please Check the Appropriate):

ENROUTE STOP LUNCH: From _____ To _____

ENROUTE STOP INSTRUCTIONS:

APPROVALS:

Principal/Project Director _____ Date Received _____

All Cancellations Must Be Made 72 Hours Prior To Date of Trip