



FIELD TRIP REQUEST

Program: _____

Program Location: _____
Address City

Date of Trip: _____ Grade(s) _____

Teacher(s): _____

DESTINATION: _____

Address: _____
Street City

Contact Person at Destination: _____ Phone: _____

Admission cost per student: _____, Number of Students: _____

Cost per Adult: _____, Number of Adults: _____ **TOTAL COST:** _____

TYPE of PAYMENT ACCEPTED: Purchase Order Credit Card
(Preferred)

Transportation Requested: ____ Van ____ Bus ____ Not Needed

Students: _____, Adults: _____, TOTAL transported: _____

Departure Time: _____ AM PM Return Time: _____ AM PM
Circle Circle

List chaperones by name: _____

Approval

Building Administrator Date

ESC Director/Supt. Date