

For Office Use Only
APPROVED _____
(Facility Administrator)

(Facility's Name)

FIELD TRIP REQUEST FOR APPROVAL

CLASS: _____
TRIP SITE: _____
ADDRESS: _____

Trip Site Contact Person: _____
Telephone: () _____

Trip Date: _____ **TIME: Departure** _____ **Return** _____

One Way Travel Time _____

TRAVEL PLANS:

(#) Children _____

(#) Driver(s) _____

(#) Adult(s) _____

(#) Bus(es) _____

(#) Car(s) _____

(#) Van(s) _____

TOTAL _____

Public Transportation _____
Walking Trip _____

Purpose of Trip: _____

Brief Summary of Plans: _____

Special Arrangements Needed: _____

TRIP LEADER'S SIGNATURE

(ATTACH MAP WITH CLEARLY MARKED ROUTE)