

Field Trip Request



	_ Request permission to	go to	
(Center or Group Name)		(Destination)	
by	on .		
(Mode of Travel)	(Date)		
We plan to depart from		at	and
We plan to depart from	(Location)	(Time)	
return to(Locatio	at	<u>.</u>	
(Locatio	on)	(Time)	
Meal arrangements:			
Crown Size			
Group Size: Number of Parents	Number of Children	Number of Staff	Other
List adults who will be respon	nsible for supervising th	e children:	
Ziot adans who will be respon	asiote for supervising th	o omitarom.	
Goals & Objectives of the Field Trip:			
F . 10 .	.	7 1 7 77 1	
Expected Cost:	ŀ	Estimated In-Kind:	
a 22 at 27	_	_	
Staff Signature/Username:	Ι	Date:	
Password:			
	Office Use C	Only	
Approved			
Denied			
Demeu			
Comments:			
Approved or Denied By:			