

For Office Use Only

APPROVED _____

(Facility Administrator)

(Facility's Name)

FIELD TRIP REQUEST FOR APPROVAL

MINISTRY: _____

TRIP SITE: _____

ADDRESS: _____

Trip Site Contact Person: _____

Telephone: () _____

Trip Date _____ TIME: Departure _____ Return _____

One Way Travel Time: _____ Hours _____ Minutes

TRAVEL PLANS:

(#) Children _____

(#) Bus(es) _____

(#) Drive(s) _____

(#) Car(s) _____

(#) Adult(s) _____

(#) Van(s) _____

TOTAL _____

Walking Trip _____

Purpose of Trip: _____

Brief Summary of Plans: _____

Special Arrangements Needed: _____

TRIP LEADER'S SIGNATURE