FIELD TRIP REQUEST

Program Area	Date of trip
Destination	Number of Students
Departure Location	
Departure Time Return Time	<u> </u>
Method of Transportation	
Source of Transportation	
Costs Paid by	
Cost to each student: Yes None Amou	ınt
Objective/goal of field trip	
Chaperones	
Teacher	Date of Request
This form is to be submitted at least two (2) Rivers office. If the trip is out of state, the approva Technical Education Board and the Boards of the s It is the instructor's responsibility to secure	ol of Twin Rivers Career & sending schools is required. transportation and secure
required permission forms and send notification forms to the sending schools.	

____Approved Funding Source_

Not Approved

, Director Date