

# OUT-OF-STATE FIELD TRIP

Teacher/Advisor: \_\_\_\_\_

Group: \_\_\_\_\_

Destination: \_\_\_\_\_

Date of Trip: \_\_\_\_\_ Leave: \_\_\_\_\_ Return: \_\_\_\_\_

Purpose of The Trip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Students Attending: \_\_\_\_\_

Number of Adults/Chaperones: \_\_\_\_\_

District Expenses: \_\_\_\_\_

Non-District Expenses: \_\_\_\_\_

Administrative Approval: \_\_\_\_\_