

OVERNIGHT FIELD TRIP REQUEST

Minnesota Conference Education Department

This form is to be used for **ALL** overnight trips by the Minnesota Conference Schools. This form is to be submitted to the Education Superintendent to be taken to the Board of Education. Please attach your itinerary to this form.

Name of Group/School: _____ Date of Application: _____

Trip Destination: _____ Out of State: ___ Y or N _____

Date of Trip: _____

Sponsors' Names: _____

Board Approval (date): _____

Has Written Parental Permission: _____

Number of Students in Group: _____ Organization: _____

Itinerary (Program): _____

Transportation (Insurance Limits): _____

Financing: _____

Arrangements for Class Coverage (explain): _____

Goals and Objectives for Trip: _____

Approved Denied

Sponsor's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____