

Minford Local School District
Athletic Field Trip Request

FORM MUST BE TURNED IN TO CENTRAL OFFICE TWO (2) WEEKS PRIOR TO DATE OF TRIP

Person(s) requesting Field Trip: _____

Group/Team going: _____

Total # of students: _____ Total # Advisors/Coaches: _____ Estimated miles: _____

Date of Trip: _____ Departure time: _____ Return time: _____ Cost paid from: _____

Trip destination (include address):

Designated meal stops:

Itinerary:

Signature of person requesting trip

Date

Principal

Date

Superintendent

Date