



Field Trip Itinerary

Instructor/Advisor/Coach: _____

School: _____ Grade/Class: _____

Destination: _____ Depart Date: _____ Depart Time: _____

Return Date: _____ Return Time: _____

Chaperones:

Name Employee Volunteer

Transportation: Private Vehicle(s) Rental Vehicle(s) Bus(es) Walking Flight

Check the following that apply:

Private Vehicle(s) _____

Driver's Name

Driver's Name

Driver's Name

Driver's Name

Rental Vehicle(s) _____

Driver's Name

Driver's Name

Driver's Name

Driver's Name

Bus(es) _____

Bus Company

Number of buses

Flight _____

Airline

Flight #

Accommodations

Hotel Name: _____ Phone #: _____

Planned Activities: _____