

BCPS Field Trip Request ID # 8190

Trip Request By

Trip Name

Trip Date

Approx. Pick-up Time

Return Date

Approx. Return Time

Class/Group

Student Count

Chaperone Count

Number of Vans/Buses

Common Carrier

Cost to Students

How will you pay for students who cannot afford the fee?

Place of Departure

Name:

Address:

City:

State:

Destination

Name:

Address:

City:

State:

Lesson Plans