

York Technical College
Field Trip Request Form
and
Field Trip Roster

Field Trip Coordinator: _____

Today's Date: _____

Destination: _____

Date(s) of Field Trip: _____

Field Trip Itinerary: (Complete each applicable section.)

Day 1: _____

Day 2: _____

Day 3: _____

Day 4: _____

Day 5: _____

Field Trip Coordinator's cell phone number: _____
(If you do not have a cell phone, contact the YTC Facilities Management Office to obtain one for the field trip.)

Other emergency contact information for Field Trip Coordinator: _____

Overnight accommodations, if any (Include name of hotel, address, and telephone number):

Transportation By: _____

Time of Departure: _____

Time of Return: _____

Instructional and/or Club Objective: _____

Number of Students: _____

Has each participant signed the Field Trip Release of Liability Agreement and the Authorization to Secure Medical Treatment & Medical Coverage form? _____

