



**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 and Medical Coverage form?      YES      NO

**List of Participants, Including Faculty, Staff, and Approved Volunteers**

Field Trip Participant Name	ID Number	Will this Field Trip require this student to miss another class?	If yes, has the student notified his/her instructors and requested an allowance to make up missed work? List instructors here.

**REQUIRED SIGNATURES**

\_\_\_\_\_  
Field Trip Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Department Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
VP, AVP or Dean

\_\_\_\_\_  
Date

**Form Submission:** *Field Trip Coordinators should submit a copy of this completed form to the Student Leadership and Events Coordinator at least ten working (10) days prior to departure and should keep an additional copy to take on the field trip and for their records. In addition, the Public Safety Office should receive a copy of the field trip participant roster prior to departure.*