## NORTHERN TIOGA SCHOOL DISTRICT OVERNIGHT FIELD TRIP REQUEST FORM

School:			Subject Area:		
Destination:			Date of Trip:		
Sponsoring Organization:			Teachers In Charge:		
Mode of Transportation:					
Goal and Objectives:					
Itinerary:	(Include departure of Please attach a cop	time, place, destination, retu y of the itinerary.	rn time and place.	)	
# of Persons:	Students:	Teache	ers:		-
	Chaperones:				
Cost:	School	Parent/Pupil		Organization/ Group	_
Transportation Meals					<del>.</del>
Lodging Fees					<u>-</u>
Other Total					- -
Signatures: Teacher:				Date: Appr	oval/Disapproval
Principal:					/
Superintendent					/