## Field Trip Planning Form

Teachers, please complete this form prior to contacting us so that we may assist you more effectively and efficiently in planning your field trip. We look forward to hearing from you!

Tell Us About Yourself And Your School	
First Name	
	chool's Name
School's Phone /Extension (Also let us know the best time of day to co	
School System	Grade Level of Your Students
Tell Us About Your Fic	eld <b>T</b> rip
	cular Topic(s) Pertaining to Your Field Trip (We also provide correlation
i i	dards of Excellence for your trip.)
illioimation pertaining to Georgia Stant	N
·	Students Number of Chaperones Number of Teachers
Choice of Destinations or Geographic A	areaE
Three Field Trip Dates in Order of Prefere	ence
1 2	2 3
Alert Us To Any Oth	her Jmportant Considerations
	ng and returning to school?
Are your students in a gifted or talented	d program?
Are you planning for a group that will be	e performing as a band or chorus?
Do you have special needs or school po	licies that must be addressed?
Does your school location accommodat	te ample motor coach parking?