



APPLICATION FOR FIELD TRIP

Program: Adult Education County: _____ *Date Filed: _____

Instructor: _____ AEC: _____

Course: _____

**Application must be on file 5 working days before field trip.*

Destination

Date of Field Trip: _____ Time of Field Trip: _____

Company/Agency Name: _____

Address: _____

Contact Person/Number at Site: _____

Travel/Meeting Arrangements: _____

Emergency Contact Name/Number: _____

Means of Transportation (Required Auto Insurance): _____

Number of Students Attending: _____

Other LTC Employees Attending: _____

Assumption of Risk Forms Completed: Yes No

Educational/Training Goals: _____

How trip is to be Evaluated/Follow-Up: _____

Procedure for Make-Up Work: _____

Instructor's Signature/Date

VP of AE Signature/Date