

**Colfax-Mingo Community School**

**District Overnight Field Trip Request Form**

**Code No. 606.5a**

Request submitted by: \_\_\_\_\_

A. Class, organization, or club sponsoring the trip:

\_\_\_\_\_

B. Objectives of the trip and how they relate to the curriculum:

\_\_\_\_\_  
\_\_\_\_\_

C. Sponsors accompanying the trip:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Destination, date, and time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Projected costs of the trip:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. How the trip will be funded:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal Approval: \_\_\_\_\_

Date: \_\_\_\_\_

3/21/16

6-17-19