

**MONTOURSVILLE AREA SCHOOL DISTRICT**

50 North Arch Street  
Montoursville, PA 17754

REQUEST FOR  FIELD TRIP or  FESTIVAL APPROVAL  
(please check one)

Date of Request: \_\_\_\_\_

Person Making Request: \_\_\_\_\_

Name of Field Trip/Festival: \_\_\_\_\_

Location of Field Trip/Festival: \_\_\_\_\_

Date(s) of Field Trip/Festival: \_\_\_\_\_

Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun.

Time of trip: \_\_\_\_\_

Substitute(s) Required?  Yes  No      If yes, how many? \_\_\_\_\_

List other staff members attending field trip/festival: \_\_\_\_\_

\_\_\_\_\_

Estimate of Total Expenses:      \$ \_\_\_\_\_      Number of Students: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

List major purpose/highlights of field trip/festival:

How is this field trip/festival relevant to your curriculum?

List any pertinent information to support this request:

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For Office Use Only

Total Expense \_\_\_\_\_ Budget \_\_\_\_\_ Activity \_\_\_\_\_