

# Field Trip Information Form

Time of Departure from APA: \_\_\_\_\_

Returning Time: \_\_\_\_\_

Destination: \_\_\_\_\_

Phone #: \_\_\_\_\_

Driving Directions: (attach map if possible)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Notes or Instructions:

\_\_\_\_\_

\_\_\_\_\_

Schedule of Events (list times and places you will be)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Information: (APA 801-810-3590)

**IMPORTANT NOTE:**

\* **Every** driver must have a copy

Teacher Names	Mobile Phone #	D.L.	Ins.
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Driver Names	Mobile Phone #	D.L.	Ins.
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of their Driver's License and proof of insurance. Please check the boxes next to the driver's name when you have verified these are on file at the front office.

Before you leave the building, please give a completed copy of this form to:

- Each Teacher/Instructor
- Each Driver
- Lindsay Campbell
- Carly Young or Angie Lawrence
- Kevin McVicar
- Cathie Adamson
- Office

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