



Exploratory Enrichment Request for Field Trip

Date Submitted _____ Date of Trip _____

Name of School: _____ District _____

Name of Teacher(s): _____

Grade Level: _____

Trip to _____

Address _____

Town _____

Contact Person at facility _____ Phone _____

Admission Cost

Cost/student \$ _____ x Number of students _____ = Total \$ _____

Cost/adult \$ _____ x Number of adults _____ = Total \$ _____

Total estimated cost of program _____
plus 17% admin fee _____*

TOTAL COST _____

*NOTE: 17% administrative fee is added to your total.

Approved by:

Print Name

Signature

Phone

Email

Date _____



Exploratory Enrichment Program

Phone: 631-360-3652

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