



Exploratory Enrichment

Request for Field Trip

*Date Submitted _____ *Date of Trip _____

*Name of School: _____ *District _____

*Name of Teacher(s): _____

*Grade Level: _____ Your email address _____

*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* _____



*required

FOR OFFICE USE

Approved by:

Print Name

Signature

Phone

Email

Date _____



Exploratory Enrichment Program

Phone: 631-360-3652

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