



Field Trip Booking Form to Copy and Use

12-13

Arts Partners
 201 N. Water, Suite 300
 Wichita KS 67202
 PHONE: (316) 262-4771
 FAX: (316) 262-7628

OFFICE USE ONLY	
Date Received _____	
FT# _____	
Program Director's Approval _____	
Sent to school & arts organization _____	

FIELD TRIP BOOKING FORM

*Note: Only field trips for which we have a copy of this completed form on file and approved **in advance** can be paid from your Arts Partners account.*

Schools are responsible for making their own bus arrangements and reservations.

School:					
School Contact Person:			Email:		
Partner Arts Organization:			Destination (if different):		
Program/Tour Title:					
Date	Time	Teacher (First & Last)	Grade Level	# of Students	# of Adults
<i>Below, list only the dollar amounts to be paid from your Arts Partners account.</i>					
Admission Fees	Transportation	Other Costs (specify)	TOTAL COST		
\$	\$	\$	\$		