



Field Trip Reservation Form

Organization Information

Organization:

School District: _____

Campus: _____

Grade Level: _____

expected in group: _____

Contact Information

Contact Name: _____

Phone #: _____

Email: _____

How would prefer to correspond?

phone

email

How would you like to receive field trip confirmation?

phone

email

Reservation Request

Requested date for field trip and arrival time:

Please select 2-3 dates in order of preference

DATE OF ARRIVAL:

1st Choice: _____

2nd Choice: _____

TIME OF ARRIVAL:

10:00 am

10:30 am

11:00 am

Please note: Plan to be on site for approximately 30 - 45 minutes

Signature: _____

Reservation forms may be emailed to: contact@salibrary.org or in person at the front desk of the library.

TO BE COMPLETED BY LIBRARY DIRECTOR:

date request received: _____

Director Signature _____

DATE/TIME OF FIELD TRIP: _____

Spoke to / emailed contact person to confirm