



**Transportation Department  
Field Trip Office**

261 Chester Street  
Saint Paul, MN 55107  
Phone: (651) 696-9628  
Email: gary.cox@spps.org  
Fax: (651) 265-0910

# Activity/Field Trip Order Form

Please fill out entire form except trip number. Direct questions to the Field Trip Office at 651-696-9628.

Order Date  Trip #

Ordered By

Phone Number

School/Department

Budget Code

Administrator

Trip Day	Trip Date	Depart Time	Return Pick Up Time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Group <input type="text"/> Person in Charge <input type="text"/> Number of Students <input type="text"/> Number of Adults <input type="text"/>	<b>Origin:</b> <i>(indicate specific loading point)</i> <input style="width: 100%; height: 80px;" type="text"/>
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<p><b>Special Equipment Needed</b></p> <p>Lift Bus Needed    Seat Belts Needed    Trailer Needed</p> <table style="width: 100%;"> <tr> <td><input type="radio"/> Yes</td> <td><input type="radio"/> Yes</td> <td><input type="radio"/> Yes</td> </tr> <tr> <td><input type="radio"/> No</td> <td><input type="radio"/> No</td> <td><input type="radio"/> No</td> </tr> </table> <p># of Wheelchairs <input type="text"/>    # of Seat Belts <input type="text"/></p>	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<b>Destination:</b> <i>(include address)</i> <input style="width: 100%; height: 80px;" type="text"/>
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes					
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No					

**Comments:**