

Field trip request form Fax Number – (865)946-1163

Teacher name(s): all teachers attending _____

School: _____

Grade: _____ Number of students: _____

Phone #: _____ Email: _____

Activity #1: _____

Activity #2: _____

Activity #3: _____

Check here if you have no preferences and would like us to choose!

Preferred dates (please see our online calendar for a listing of availability)

Choice #1: _____ Choice #2: _____ Choice #3: _____

Time Selection (select one)

- 9:00 am - 1:30 pm
- 9:00 am - 12:00 pm
- 9:00 am - 11:00 am

Rain date options (select one)

- Please come to my classroom with an alternative activity
- Please reschedule me

Other information (please let us know if you have an inclusion class or about any known conditions like hearing impairments, illnesses, allergies or difficulties any of your students may have so that we may better accommodate them):
