**Field Trip Request Form**

GROUP NAME ________________________________________________________________

ADDRESS _________________________________________________________________

CITY ________________________________________________________________

ZIP ________________________________________________________________

NAME OF ATTENDING LEADER ________________________________________________

EMAIL ________________________________________________________________

PHONE NUMBER __________________________________________________________

GRADE LEVELS ___________________________________________________________

NUMBER OF STUDENTS _______ _______ NUMBER OF TEACHERS

NUMBER OF CHAPERONS _______ _______ NUMBER OF OTHERS

TYPE OF ORGANIZATION:  
- [ ] PUBLIC/PRIVATE SCHOOL  [ ] HOME SCHOOL  
- [ ] SUMMER CAMP  [ ] AFTER SCHOOL  [ ] SCOUTS  [ ] OTHER  

FIELD TRIP DATE REQUEST ____________________________________________

ARRIVAL TIME _________________________________________________________

DEPARTURE TIME _______________________________________________________

LAKE PONTCHARTRAIN BASIN  
MARITIME MUSEUM AND RESEARCH CENTER  
133 MABEL DRIVE—MADISONVILLE, LA—  
(985) 845-9200—EDUCATION@LPBMM.ORG  

Field Trip Trip Request Form