



Field Trip Request Form

Maritime Museum Louisiana

133 Mabel Drive, Madisonville, LA 70447

(985) 845-9200

educator@maritimemuseumlouisiana.org

Group Name _____

Address _____

City _____

Zip _____

Name of Attending Leader _____

Email _____

Phone Number _____

Grade Level(s) _____

Number of Students _____ **Number of Teachers** _____

Number of Chaperones _____

Type of Organization:

Public School Private School Home School

After School Summer Camp Scouts

Field Trip Date Request _____

Arrival Time _____

Departure Time _____