

Field Trip Agreement

13300 Reeck Rd, Southgate, MI 48195 (734) 283-6550

School or Gro	oup Name:				
Contact Perso	on:				
Contact Phon	e Number:				
Cost / Child (Please circle	one.):			
	1 hour	Φ5		Pizza & Juice Included	
	1 Hour	\$5 \$7		N/A \$10	
		\$7 \$9			
		\$12			
Date of Field	Trip:	Ti	me:	# of Children:	Ages:
Date of Field	Trip:	Ti	me:	# of Children:	Ages:
• When staff. partic	Every child n	r your field tr nust have a V	ip, all signe Waiver for i	d Waiver forms should be n signed by their parent	or guardian in order to
	taff will direct child refuses			nly call on your staff if neo	eded for "crowd control"
				mnastics floor to take pict must be signed beforeha	tures and such, but are not nd.
• Be sur	re students are	dressed in co	omfortable	clothing. Children particip	pate bare foot for safety.
your			_	e confirmed no later that consible for paying for al	• • • •
By signing be	elow you indic	ate that you h	nave read an	nd understand the above d	locument.
Signature:			Date:		
Deposit Paid:	□ Yes	□ No	Front (Office Staff Initials:	