CONTRA COSTA COLLEGE Contra Costa Community College 2600 Mission Bell Drive

San Pablo, CA 94806

## Contra Costa Community College District Contra Costa Community College

## **FIELD TRIP FORM**

To be approved forms must be turned in to the Student Life Department <u>at least two (2) weeks prior to the date of the trip</u>. <u>DO NOT leave any information on the form blank or unanswered</u>.

	Club Name:			
	Number of student club members attending: Number of Faculty / Staff attending: Name of Advisor(s)/Designee(s) Attending:			
	Destination:			
	Date of Trip:	Departure Time:	Location:	
	Return Date:	Arrival Time:	Location:	
	re / Purpose of 1 How will you be fund	-		
2.	Will your club be requiring conference registration, hotel and/or transportation?			
	If yes, attach transportation and lodging information.			
3.	. Attach a list of participant's names with their Student ID Numbers.			
4.	Complete the STUDENT AGREEMENT, MEDICAL CONSENT and CONSENT AND RELEASE FORMS for each participant.			
5.	Complete the ADVISOR'S/DESIGNEE'S FIELD TRIP RESPONSIBILITY FORM.			
6.	If this trip is a conference, training or workshop, please attach the related flyer or agenda to this form.			
Club A	Advisor/Designee Sigr	Date:		
Stude	nt Life Department: _	Date:		
Dean of Student Services:			Date:	
Office Use Only – 2012 / 2013				
Required Information:  □ Approved  □ Not Approved:  Student Life Coordinator:				
Field Trip Form Complete				
$\Box$ Conference, training, workshop, transportation and/or lodging information attached if necessary				
$\Box$ List of participants with Student ID Numbers				
□ Advisor's/Designee's Field Trip Responsibility Form completed for each advisor/designee				
🗆 Stud	$\Box$ Student Agreement, Medical Consent and Consent and Release Forms completed for each participant			