



A Personal Development Center Field Trip Request

Name of School: _____

Address: _____

Director/Contact: _____

Phone: _____

Email: _____

of Children: _____

Age Range: _____

Date Requested _____

Time Requested _____

Please Initial the Following:

_____ I understand that the cost is \$10 per child

_____ I understand that groups will have no more than 15 students. For more than 15 students, I will be assigned a time slot for each group

_____ I understand I will be contacted by either email or phone to confirm my dates and times after this Request Form is submitted.

Director/Contact Signature

Coaches Assigned: _____ Date/Time, # and ages of kids: _____