

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
OVERNIGHT FIELD TRIP REQUEST FORM**

Name of Person Requesting Approval: Michael Hayden Your Position: Mira Costa Choir Director
Your Location/School Site: Mira Costa High School Your Work Telephone: 310.318.7345 x5067

Name/Grade Level(s) of Class Participating: Mira Costa Vocal Ensemble

Dates of Travel: from 2/24/15 to 2/25/15

Name of Destination: American Choral Director's Association National Convention

Destination Address: Salt Palace Convention Center, 100 S. West Temple, Salt Lake City, UT 84101

Destination Phone Number: 801.355.1587

Name of Contact Person at Destination: Michael Huff, ACDA Program Chair

Reason for Travel/Educational Goal: Perform at American Choral Director Association National Convention

Number of Students Attending: Male: 16 Female: 13

*Number of Chaperones: Male: 4 Female: 2

Complete Name and Phone Number of Each Chaperone (use additional page if necessary):

1. Ben Dale
2. Michael Hayden
3. Mark McCormick
4. Deborah Hofreiter
5. Linda Gesualdi
6. Alan Zeoli

A Completed and signed *Chaperone Guidelines Agreement* for each chaperone must be attached to this request form upon submission to the Board of Trustees. *There must be a minimum of two adult chaperones (one male and one female), unless all travelers are of the same gender. There must be one adult chaperone for each 10 students of the same gender. If the trip involves water activities, the ratio of chaperones shall be revised to ensure closer supervision of elementary grade students appropriate to their age.

Name of Travel Agency: None Contact: _____

(Proof of Insurance must accompany this form.)

Address: _____ City/State/Zip/Phone: _____

Method of Transportation (be specific): Delta Airlines

Name and Address of Hotel (be specific): Radisson Hotel, 215 W. South Temple, Salt Lake City, UT

How Many Days of School Will Be Missed? 2 List School Dates Missed: 2/24-2/25/15

Will Student Participate in Water Sports, Rock Climbing or Other Hazardous Activities? No

If so, what type? _____

Will scholarships be provided? Yes Will any cost (including sub costs) be borne by the

district? Yes If so, why? Costs for district employees only; educational conference

Account Number to be Charged: _____

Board approval must be obtained before any deposits are made. Please submit your request at least 3-4 months in advance of the travel. The Board will not approve travel when the request form is incomplete. If you have additional information, please attach it to this request form. This form must be signed by the principal and the Executive Director-Educational Services prior to being submitted to the Superintendent's Office.

Signatures:
Your Signature: Michael Hayden Principal: _____

Exec. Dir, Ed. Srvs: _____ Clerk, Board of Trustees: _____