

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
OVERNIGHT FIELD TRIP REQUEST FORM

Name of Person Requesting Approval: Kim Llnz Your Position: Principal
Your Location/School Site: Pacific Your Work Telephone: 310-546-8044

Name/Grade Level(s) of Class Participating: 5th grade - Pacific
Dates of Travel: from April 1, 2015 to April 3, 2015

Name of Destination: Catalina Institute of Marine Science

Destination Address: 1 Toyon Bay Avalon, CA 90704

Destination Phone Number: 310-510-1622

Name of Contact Person at Destination: Kayla Furmanek

Reason for Travel/Educational Goal: Outdoor educational component to science curriculum

Number of Students Attending: Male: 63 Female: 63

*Number of Chaperones: Male: 9 Female: 9

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

- 1. Stephanie Hubbard
- 2. Michele Krzmarzick
- 3. Heather Tuttle
- 4. Susan Stelter
- 5. Paula Goldberg

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: CIMI Institute Contact: Kayla Furmanek

(Proof of Insurance must accompany this form.)

Address: 1 Toyon Bay Avalon, CA 90704 City/State/Zip/Phone: 310-510-1622

Method of Transportation (be specific): bus / boat

Name and Address of Hotel (be specific): Catalina Emerald Bay Camp

How Many Days of School Will Be Missed? 3 List School Dates Missed: April 1,2,3

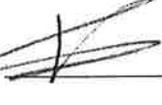
Will Student Participate in Water Sports, Rock Climbing or Other Hazardous Activities? yes

If so, what type? snorkeling, hiking

Will scholarships be provided? yes Will any cost (including sub costs) be borne by the district? no If so, why? _____

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:  Principal: 

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

Wallis Valleca
George Elias
Oren Banami
Alex Virtue
Chris Velvin
Ian Tynan
Will Wood
Kevin Daley
Jeremiah Bogert

Leigh Anne Lynch
Amy Zisette
Jess Pickard
Tracey Farrell