

E6153

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT OVERNIGHT FIELD TRIP REQUEST FORM

Name of Person Requesting Approval: Jeff Amara Your Position: Head Coach Boys Basketball
 Your Location/School Site: MCHS Your Work Telephone: (310) 545-4878 ext. 3006
 Name/Grade Level(s) of Class Participating: Boys Basketball - Varsity
 Dates of Travel: from June 26 to June 28
 Name of Destination: WCSB Team Camp
 Destination Address: WCSB campus
 Destination Phone Number: (805) 893-3435
 Name of Contact Person at Destination: Matt Stock
 Reason for Travel/Educational Goal: Outside of area competition, Team Bonding
 Number of Students Attending: Male: 15 Female: _____
 *Number of Chaperones: Male: 2 Female: _____

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

1. Jeff Amara (310) 283-4157
2. Kevin Dawson (310) 897-1477
3. _____
4. _____
5. _____

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: _____ Contact: _____
 (Proof of Insurance must accompany this form.)
 Address: _____ City/State/Zip/Phone: _____

Method of Transportation (be specific): Parents + Coaches Vehicles
 Name and Address of Hotel (be specific): _____
 How Many Days of School Will Be Missed? 0 List School Dates Missed: 0
 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? 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: [Signature] Principal: Ben Dale

Exec. Dir, Ed. Svcs: [Signature] Clerk, Board of Trustees: _____

Exhibit

version: May 21, 2008

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
 Manhattan Beach, California