

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
OVERNIGHT FIELD TRIP REQUEST FORM

Name of Person Requesting Approval: Joe Casulli Your Position: Coach
Your Location/School Site: MCHS Your Work Telephone: (310) 318-7337 x 5008

Name/Grade Level(s) of Class Participating: Varsity - Girls Tennis
Dates of Travel: from Thursday, September 10, 2015 to Saturday, September 12, 2015
Name of Destination: Golden State Tennis Classic (see attached)
Destination Address: Menlo School and Stanford University
Destination Phone Number: (408) 310-7855 or (650) 996-6164
Name of Contact Person at Destination: Gene Fortino or Bill Shine
Reason for Travel/Educational Goal: Tennis Tournament
Number of Students Attending: Male: _____ Female: 12 or 13
*Number of Chaperones: Male: _____ Female: _____

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

1. Mahlone Becker _____
2. Shari Casulli _____
3. Irina Gae _____
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: None Contact: _____
(Proof of Insurance must accompany this form.)
Address: _____ City/State/Zip/Phone: _____

Method of Transportation (be specific): School-leased van
Name and Address of Hotel (be specific): Hilton Garden Inn Palo Alto, 4216 El Camino Real, Palo Alto, CA
How Many Days of School Will Be Missed? 1 List School Dates Missed: September 11, 2015
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: Joe Casulli Principal: Ben Dale
Exec. Dir, Ed. Svcs: _____ Clerk, Board of Trustees: _____