

## Field Trip Agreement

Group Name:	Contact Person:
Contacts Phone Number:	Contact E-Mail:
Date of Field Trip://	Hours:
Start Time:Finish Time:	# Children Attending:
Age Range of Children Attending:	
Total Amount Due: \$ Deposit	Required: \$ Deposit Paid: \$
Balance Due: \$ Per Child Af	ter: \$7.95 / \$6.50 / \$6.00
Company Name:	Phone:
Email:	
Address:	City:
	Zip Code:
Your field trip will be as stated above an anon-refundable deposit of 50% (\$ ) balance of \$ on above agreed	alibur Gymnastics and  d have a total cost of \$ noting the  received on/ The remaining  d terms will be due on the day of the field trip as well as payment for
any extra children prior to the start of the	
Up To 6 Years of Age  # of Children  # of Coaches  1-20	Ages 7 Years & Up  # of Children # of Coaches  1-15 2  16-25 3 26-35 4
Company Representatives Signature  Company Representatives Printed Name	Date  Excalibur Gymnastics Employee
COMPANY REDIESEMANIVES PRIMED NAME	EXCAUDUL CIVIIIIASIICS EIIIDIOVEE