

Field Trip Agreement

Group Name:		Contact Person:	
Contacts Phone Number:		Contact E-Mail:	
Date of Field Trip:	_// Hours:		
Start Time:Finis	h Time: # Ch	ildren Attending:	
Age Range of Children A	tending:		
Total Amount Due: \$	Deposit Required:	\$ Deposit Pa	aid: \$
Balance Due: \$	Per Child After: \$10.00	/ \$10.00 / \$9.00	
Company Name:		Phone:	
Email:			
Address:		City:	
State:	Zip Cod		
parent. A 50% <i>non-refun</i> This is a binding agreeme. Your field trip will be as <i>non-refundable</i> deposit of balance of \$	dable deposit is required to the theorem to the tween Excalibur Gym stated above and have a tot of 50% (\$) received on above agreed terms will	nastics and	_ noting the
	the start of the instruction.		
Coa	ches will be provided accor		ren attending:
	# of Children 1-20	# of Coaches 2	
	21-30	3	
	31-4	4	
Company Representatives	Signatura	Data	
	_	Date	
Company Representatives	Printed Name	Evca	libur Gymnastics Employee