

Request for Youth Group Field Trip

Requested Dates: _____

Requested Times: _____

Number of Children: _____

Number of Adults: _____

Age of Children: _____

Any Special Needs? _____

Group / School Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Contact Name: _____

Contact Email: _____

Contact Phone: _____ Contact Fax #: _____

Requested Activities: _____

This form must be sent to the Aquatic center. Once this request has been approved you will be called or emailed. You will receive a Facility Use Contract that must be signed and sent back to the AC with a 50% deposit.

FOR OFFICE USE ONLY

Approved/Not Approved: _____ Class: _____ Firm: _____

Contract Emailed	Signed Contract Received	Deposit Paid	Balance Paid

STAFF NEEDED:			