West Kern Community College District Field Trip/Excursion Request

Please complete, sign form, and return with remaining travel paperwork.

Instructor(s)/Activity Coordinator(s):__________________________________________________________________________________________

Field Trip/Excursion/Class # and Section #/Activity: _________________________________________________

Date(s): __________________________________________ Departure Time: ___________________ Return Time: _______________________

Describe the objectives of the proposed activity or activities and how they relate to course/program/club objectives/content:

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Transportation
Please check one of the two options

Provided by the college             __________
Responsibility of the student    _________

Student/Participant Waiver
I will have each participating student sign and return a Student or Participant Waiver. I will make a copy of each completed waiver and turn them in to the Office of Instruction before embarking on the trip.

Signature ___________________________ Date ___________________________

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Approved ____________   Rejected ______________
Reason for rejection

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Signature , Vice President of Instruction ___________________________ Date ___________________________