

## 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 T	ime: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
******	***********
Approved Rejected	
Reason for rejection	
Signature, Vice President of Instruction	Date