



FIELD TRIP APPLICATION FORM

SCHOOL INFORMATION

School:		
Board of Education:		
Name:	School Phone:	
Email:	School Fax:	
School Address:		
City:	Province:	Postal Code:

SCHOOL TRIP INFORMATION

Requested Date of visit:
Requested Time of Arrival:
For the safety of our student guests and the enjoyment of our members and guests, the Student/Supervisor ratio requirement is strictly enforced: Grade K – Grade 3: 1 supervisor to 5 students Grade 4 – Grade 8: 1 supervisor to 10 students Grade 9 – Grade 12: 1 supervisor to 20 students

	Grade	# of Students	Rate	Total
Class #1			\$15	
Class #2			\$15	
Class #3			\$15	

Total Cost Summary: _____

TERMS AND CONDITIONS

- Full payment must be received prior to the start of the Fieldtrip. Payment may be made on or before your scheduled visit by cash, cheque, debit or credit card.
- The supervisor to student ratio is strictly enforced for the safety of our student guests and the enjoyment of our public patrons. All supervisors must be **at least 18 years of age**. The role of the Supervisor role is to ensure the safety of all students and in doing so, the Supervisor is ensuring that all Abilities Centre members and guests enjoy their visit. The Supervisor must encourage appropriate behaviour from each student **Please remember to stay with your group at all times**. Any display of inappropriate behaviour will be grounds for removal from Abilities Centre.
- Photo Consent:** During your visit, you may be filmed, taped, or photographed by or on behalf of Abilities Centre. Your admission to the Abilities Centre serves as your permission to use, record, reproduce, broadcast, sell, and distribute all for any purpose any photographs, video, digital, audio, or other recordings of you that may be made at Abilities Centre during your visit. The commercial use of photographs, video, and film images of Abilities Centre, its staff, and volunteers, is strictly prohibited without the full written consent of Abilities Centre

* I have read and understood the above terms and conditions and will abide by them.

Signature:	Date:
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OFFICE USE ONLY

Paid? Yes No (Please circle)	Amount:	Method:
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