(READ THIS FORM CAREFULLY)

	(Even		
on	(Day) (Month/Date/Year) from	AM/PM to	o AM/PM.
	(Day) (Month/Date/Year)		
	(Place)	(Addres	ss)
Student	Cost:		
I under	stand that my son/daughter will travel by:	School Bus	Commercial Carrier
		Private Auto	Commercial Air Carrier
	(Teacher in Charge)	Sponsor or:	(Group)
	<u>-</u>		(Group)
while p comply this ac	to assume full responsibility for any unfore carticipating in this program. I further asswith the regulations of the school, teacher stivity. I have provided to the sponsor, the cies Agreement required by the school and the	seen accident which migh ture that my son/daughte s, sponsors, or chaperon e notarized Liability Re	r has been instructed to les who are in charge of lease and School Related
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