# TRIP SCHEDULE

*Inside the Outdoors® at Coastal/Park Cleanup*

Return this schedule at least **FOUR WEEKS PRIOR** to your participation. **EMAIL** (ITOregistration@ocde.us), **FAX** (714-662-8716), or **District Mail** to: Inside the Outdoors #94, 200 Kalmus Drive, Costa Mesa, CA 92628.

## SCHOOL INFORMATION

School _____

Phone _____

District _____ City _____

**\*Number of Students Attending the Field Trip** _____

Grade _____ Departure time from school _____

*If your enrollment changes, you must phone or fax us at least 20 business days prior to the scheduled Field Trip date with the revised enrollment number to avoid additional fees.

## TRANSPORTATION

☐ District bus    ☐ Charter bus   No. of buses _____

Bus phone number _____

Will bus remain on site?    ☐ Yes  ☐ No

Number of cars _____ *(Please limit number of cars.)*

Emergency vehicle driver _____
☐ Teacher    ☐ Parent

## INCLEMENT WEATHER

Primary Contact Name _____    Secondary Contact Name _____

**Home/Cell Phone\***_____    **Home/Cell Phone\***_____
(*Primary Contact will be notified* **between 5:45 and 6:30 a.m**. *on the day of the trip for possible reschedule.*)    (*If the primary contact is not available, secondary contact will be notified* **between 5:45 and 6:30 a.m**. *on the day of trip.*)

☐ Please text me with this information.    ☐ Please text me with this information.

☐ Teacher ☐ Principal ☐ Vice Principal ☐ Office Staff    ☐ Teacher ☐ Principal ☐ Vice Principal ☐ Office Staff

I am attending this Field Trip.  ☐ Yes  ☐ No    I am attending this Field Trip.  ☐ Yes  ☐ No

**\*Phone numbers must be different from the school number unless the school office is open by 6:00 a.m.**

## DATE and TIME

**DATE**

**Program times**    ☐ a.m.  9:00 - 11:00
☐ p.m.  11:30 - 1:30

**Location:** _____

**(Arrive 10 minutes early.  Late arrival will shorten program time.)**

## NUMBER OF GROUPS

- Split students into groups of 20-25.
- Choose any group names.
- Keep student groups together on buses.
- Assign at least one adult per group.
- See Resources Tab on website for details.

☐  Hawk          ☐  Heron
☐  Pelican       ☐  Eagle

## DAY OF TRIP

☐  Group List (2 copies with absences crossed off)        ☐  Name tags with safety pins on students
☐  Bring Medical Release Forms

**SPECIAL MEDICAL NEEDS** (*reduced mobility, allergic to bee stings, epilepsy, heart condition, severe asthma, pregnancy, etc.*)

| Student/Teacher/Chaperone Name | Medical Need | Group Name |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**Phone: 714-708-3885    Fax: 714-662-8716    Email: ITOregistration@ocde.us    Website: www.insidetheoutdoors.org**