



# TRIP SCHEDULE



## Inside the Outdoors® at Key Ranch

Return this schedule at least **FOUR WEEKS PRIOR** to your participation. Questions: (714) 708-3885.  
FAX to (714) 649-0162 or **district mail** to: Inside the Outdoors, 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 \_\_\_\_\_

Secondary Contact \_\_\_\_\_

Primary Contact Phone \_\_\_\_\_

(Primary Contact will be notified **between 5:45 and 6:30 a.m.** on the day of the trip for possible reschedule)

Secondary Contact Phone \_\_\_\_\_

(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

### PROGRAM INFORMATION

#### DATES and TIMES

DATE

Program begins

9:00 a.m.

Program ends

- 12:00 (no lunch)  
 12:30 (w/lunch on-site)

#### NUMBER OF GROUPS

- Split students into groups of 18-20.
- Choose any group names.
- Keep student groups together on buses.
- Assign at least one adult per group.
- See Resources Tab on website for details.

- Orange  Fig  
 Lemon  Tangerine  
 Avocado  Lime

### 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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