

TRIP SCHEDULE

Inside the Outdoors® at Mt. SAC Wildlife Sanctuary



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	TRANSPORTATION
School	- District bus Charter bus No. of buses
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 revise enrollment number to avoid additional fees.	□ Too shon □ Donout
INCLEMEN	T WEATHER
Primary Contact Name	Secondary Contact Name
Home/Cell Phone*	Home/Cell 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	
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.
PROGRAM ☐ Ecosystem Extravaganza (TK or K) ☐ Ecosystem Extravaganza Plants	NUMBER OF GROUPS
 □ Ecosystem Extravaganza Animals □ Gabrieliño Walk (3rd grade) □ Native American Program (4th grade) 	 Split students into groups of 18-20. Choose any group names. Keep student groups together on buses. Assign at least one adult per group.
DATE: Will you eat lunc park? ☐ Yes	
TIMES: ☐ 9:00 to 11:00 a.m.	☐ Leaf ☐ Flower
☐ 11:30 a.m. to 1:30 p.m.	☐ Tree ☐ Butterfly
(Arrive 10 minutes early. Late arrival will shorten program time.)	
DAY OF TRIP	
 □ Group List (2 copies with absences crossed off) □ Bring Medical Release Forms 	☐ Name tags with safety pins on students
	bee stings, epilepsy, heart condition, severe asthma, pregnancy, etc.) Medical Need Group Name