

# GROUP EXCURSION BOOKING INFORMATION & POLICY

## Client Contact Information

School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, HI Zip: \_\_\_\_\_

Phone: (school) \_\_\_\_\_ (Cell) \_\_\_\_\_

Contact Name: \_\_\_\_\_

## **EXCURSION INFORMATION**

Excursion Date: \_\_\_\_\_ Time: \_\_\_\_\_

# of Children Expected: \_\_\_\_\_ Age Range: \_\_\_\_\_

Number of Coaches Needed: \_\_\_\_\_

## **EXCURSION POLICIES**

**I understand and accept the terms of the following excursion policy:**

- Full payment must be completed on the day of the scheduled excursion.
- \_\_\_\_\_ Please make check payable to "HITS"  
*(Price/head x # of students = total for excursion)*
- ALL children must have a completed form, **filled out by their own parent/guardian**, in order to participate on the day of the excursion.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

### **FILL-OUT UPON FINAL PAYMENT:**

Payment Amount (DUE ON DAY OF EXCURSION): \_\_\_\_\_

Final Payment Received by (INITIALS): \_\_\_\_\_

Waiver Faxed/Distributed Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Coach(es): \_\_\_\_\_