LOS ANGELES UNIFIED SCHOOL DISTRICT FIELD TRIP FORM

CONTACT PERSON:	DATE OF TRIP:		
DESTINATION:	RETURN DATE:		
	DISTRICT NAME: Los Angeles Unified School District		
TIME OF DEPARTURE: TIME OF RETURN:	SCHOOL:		
office prior to the date of the Field Trip. All information	d payment must be received in K&K Insurance Group's n on this list must be completed before the form will be sessing confirmations can be sent. If the form is received bol.		
HIGH OPTION	FIELD TRIP RATES		
OVERNIGHT TRIP ONE WEEK TRIP	\$2.00 PER PARTICIPANT FOR 5 NIGHTS & UNDER \$1.00 PER PARTICIPANT PER DAY FOR 5 NIGHTS & OVER		
	00 Per Participant (Overnight Trip 5 Nights or Less) = 00 Per Participant (Per Day for Over 5 Nights) =		
LOW OPTION	FIELD TRIP RATES		
OVERNIGHT TRIP ONE WEEK TRIP	\$1.70 PER PARTICIPANT FOR 5 NIGHTS & UNDER \$0.85 PER PARTICIPANT PER DAY FOR 5 NIGHTS & OVER		
Total Number of Students to be Insured x \$1.70 Total Number of Students to be Insured x \$0.85	70 Per Participant (Overnight Trip 5 Nights or Less) = 35 Per Participant (Per Day for Over 5 Nights) =		
Signature of School Official:	Date:		
Email Address	Fax Number:		
METHOD OF PAYMENT:			
☐ Check Attached MAKE CHECK PAYABLE TO: Nationwide Life Insurance	ce Company		
☐ Pay by Credit Card (\$25 MINIMUM):			
Full Name on Card:			
First Name: MI: Billing Address (if different than above)	Last Name:		
	Apt #		
City:	State: Zip:		
Card Number:	Expiration Date: Month: Year:		
Cardholder signature:			
Company does not issue refunds nor accept responsibility for cash pay insurance.)	ments. (Rejection of check or credit card by bank for any reason will invalidate		
MAIL THIS LIST AND PAYMENT TO THE ATTENTION C	o <u>F</u> : K&K Insurance Group, Inc. 1945 59 th St N St Petersburg, FL 33710		
If paying by credit card, please fax to: 312-381-0682	2. 7 3.3. 3, 1 = 301 10		
Company Use Only: Date Received Date S	Sent to K&K Home Office Check No		

FIELD TRIP ROSTER FORM

Name of Student (Please Type)	Date of Birth	Amount Paid
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