# LOS ANGELES UNIFIED SCHOOL DISTRICT FIELD TRIP FORM 

CONTACT PERSON: $\qquad$
DESTINATION: $\qquad$

TIME OF DEPARTURE: $\qquad$ TIME OF RETURN: $\qquad$

DATE OF TRIP: $\qquad$
RETURN DATE: $\qquad$
DISTRICT NAME: Los Angeles Unified School District
SCHOOL: $\qquad$

Please attach list of students to this form. This list and payment must be received in K\&K Insurance Group's office prior to the date of the Field Trip. All information on this list must be completed before the form will be accepted. Please provide an email address where processing confirmations can be sent. If the form is received without payment and list, it will be returned to the school.

## PLEASE CHOOSE ONE SET OF RATES BELOW:

| HIGH OPTION FIELD TRIP RATES |  |  |
| :---: | :---: | :---: |
| OVERNIGHT TRIP ONE WEEK TRIP | \$2.00 PER PARTICIPANT FOR 5 NI \$1.00 PER PARTICIPANT PER DAY | HTS \& UNDER OR 5 NIGHTS \& OVER |
| Total Number of Students to be Insured Total Number of Students to be Insured | $x \$ 2.00$ Per Participant (Overnight Trip 5 Nights or Less) $=$ $\times \$ 1.00$ Per Participant (Per Day for Over 5 Nights) $=$ |  |

LOW OPTION FIELD TRIP RATES

## OVERNIGHT TRIP

\$1.70 PER PARTICIPANT FOR 5 NIGHTS \& UNDER
ONE WEEK TRIP
\$0.85 PER PARTICIPANT PER DAY FOR 5 NIGHTS \& OVER
Total Number of Students to be Insured $\qquad$ $\times \$ 1.70$ Per Participant (Overnight Trip 5 Nights or Less) $=$ $\qquad$
Total Number of Students to be Insured
$\times \$ 0.85$ Per Participant (Per Day for Over 5 Nights) =
Signature of School Official: $\qquad$ Date: $\qquad$

## Email Address

$\qquad$ Fax Number: $\qquad$

## METHOD OF PAYMENT:

- Check Attached

MAKE CHECK PAYABLE TO: Nationwide Life Insurance Company

- Pay by Credit Card (\$25 MINIMUM):

Full Name on Card:
First Name: $\qquad$ MI: $\qquad$ Last Name: $\qquad$
Billing Address (if different than above)
Street \#
Address $\qquad$ Apt \#
City: $\overline{\text { State: }} \overline{\text { Card Number: } \square} \square$
C

## Cardholder signature:

Company does not issue refunds nor accept responsibility for cash payments. (Rejection of check or credit card by bank for any reason will invalidate insurance.)

MAIL THIS LIST AND PAYMENT TO THE ATTENTION OF: K\&K Insurance Group, Inc.
$194559^{\text {th }}$ St N
St Petersburg, FL 33710
If paying by credit card, please fax to: 312-381-0682
$\qquad$

FIELD TRIP ROSTER FORM

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