

Family Name _____

Field Trip Registration

WHALE WATCHING

Location	Date	Start-End	Price	RSVP
Flagship Cruises 990 N. Harbor Dr, San Diego, CA 92101	Monday, January 8, 2018	9:30 am - 1:15 pm Check in 9:00 am	\$20 per person	Friday December 15, 2017 (Min.25/Max. 50)

*When submitting this registration form, you must have already provided TLC with a master liability waiver that includes any medical information about your student. It is your responsibility to update your student's medical information as necessary with the school by completing a new Master Waiver.

*Students must be in good standing (academic/behavioral) to attend events.

*Priority is based upon the returned date. First come - first served.

*Payment is required at the time of registration. Cash payment must be the exact amount. Checks payable to The Learning Choice Academy. No refunds or reimbursements once RSVP is submitted.

*Parents are responsible for providing transportation and supervision. If your student will be attending with another adult or family, a written note must accompany the registration stating your detailed permission.

Parent Name (Last, First):		Total Adults:	Total Students:	Total Siblings:	
Phone:		Site (circle one):			
Email:		Chula Vista		Scripps Ranch	
		La Mesa		Temecula	
Names of those attending	Relationship to Student			Grade/Age	Form of Payment Extended Units for students only
1.	Parent	Student	Sibling		Cash_____ Check_____ EU's_____
2.	Parent	Student	Sibling		Cash_____ Check_____ EU's_____
3.	Parent	Student	Sibling		Cash_____ Check_____ EU's_____
4.	Parent	Student	Sibling		Cash_____ Check_____ EU's_____
5.	Parent	Student	Sibling		Cash_____ Check_____ EU's_____
6.	Parent	Student	Sibling		Cash_____ Check_____ EU's_____
Special Instructions: Parking at USS Midway parking lot (if available) is \$10 per day. Parking fees at other downtown parking lots vary.					
Signature:				Date:	Total Cash:
					Check #:
(For Internal Use Only) Received by: _____ Date: _____				Total Amount:	
Entered into FMP by: _____ Date: _____ Sent to EU Dept: _____ Date: _____					