

FIELD TRIP ROSTER FORM

CONTACT PERSON: _____

DATE OF TRIP: _____

DESTINATION: _____

RETURN DATE: _____

DISTRICT NAME: _____

TIME OF DEPARTURE: _____

SCHOOL: _____

TIME OF RETURN: _____

POLICY NUMBER: _____

	Circle One:	
	Day Field Trip	Overnight Field Trip
1. _____		14. _____
2. _____		15. _____
3. _____		16. _____
4. _____		17. _____
5. _____		18. _____
6. _____		19. _____
7. _____		20. _____
8. _____		21. _____
9. _____		22. _____
10. _____		23. _____
11. _____		24. _____
12. _____		25. _____
13. _____		26. _____

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. If the list is received without payment, it will be returned to the school. Please include each student's name and date of birth.

FIELD TRIP RATES

SAME DAY TRIP
OVERNIGHT TRIP
ONE WEEK TRIP

\$.35 PER PARTICIPANT
\$2.00 PER PARTICIPANT FOR 5 NIGHTS & UNDER
\$1.00 PER PARTICIPANT PER DAY FOR 5 NIGHTS & OVER

Total Number of Students to Be Insured _____	x \$.35 Per Participant (Same Day Trip) = _____	
Total Number of Students to be Insured _____	x \$2.00 Per Participant (Overnight Trip 5 Nights or Less) = _____	
Total Number of Students to be Insured _____	x \$1.00 Per Participant (Per Day for Over 5 Nights) = _____	

**MAKE CHECK PAYABLE TO:
MAIL THIS LIST AND PAYMENT TO THE ATTENTION OF:**

**K&K Insurance Group
K&K Insurance Group, Inc.
1712 Magnavox Way
Fort Wayne, IN 46804**

WHEN LIST AND PAYMENT IS MAILED, FAX OR EMAIL A COPY OF THE LIST TO CHERYL NORRIS AT:

**Email: Cheryl.Norris@kandkinsurance.com
Fax: 312.381.0682**