

**SONOMA COUNTY JUNIOR COLLEGE DISTRICT
FIELD TRIP/ACTIVITY REQUEST**

Instructor/Advisor: _____ Campus/Location: _____

Class (Name/Number/Section)/Club/Other: _____

Activity (ies)/Destination(s)	Departure Date	Return Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe the objectives of the proposed activity(ies) and how they relate to course/program/club content/objectives.

Is transportation to be provided by college? YES NO

Attach roster of proposed participants.

Participation form to be signed by each participant:
Field Trip/College-Sponsored Activities Liability Waiver

Requested By: _____ Date: _____
 Instructor/Advisor

Dept Chair Approval: _____ Date: _____
 (If applicable)

Supervising Administrator: _____ Date: _____

Component VP Approval: _____ Date: _____
 (Or designee)

Please return a copy of approved document to requestor.