

Saratoga School

Walking Field Trip Volunteer Signup

TEACHER: _____

DATE OF FIELD TRIP: _____

DESTINATION: _____

DEPARTURE TIME: _____

RETURN TIME: _____

PARENTS WHO ARE ATTENDING:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

*PLEASE REMIND YOUR ATTENDING PARENTS TO STOP BY THE OFFICE
BEFORE DEPARTURE AND SIGN IN SO WE ARE AWARE OF
WHO IS WITH THE CLASS.

THANK YOU AND ENJOY YOUR ADVENTURE!