

RCCA EVENTS SCHEDULING FORM

Date of the event: _____

Type of Event: field trip: _____ class fund raiser: _____ other: _____

Time of the event: begin _____ end _____

Location of event: _____

Estimate time of travel: _____

Advisor/ Person in charge: _____

Grade or Group: _____

How many students are involved? _____

List of special equipment needed for event: _____

Are permission slips needed? _____

Transportation need? _____ **Who will provide transportation?** _____

Cost of event: Adult _____ Children under 12 _____

Note: Groups that are going for recreation may collect money to put towards gas.

Comments: _____

Advisor's Signature: _____

Administrators Signature: _____