

**LOS ANGELES UNIFIED SCHOOL DISTRICT
FIELD TRIP FORM**

CONTACT PERSON: _____

DATE OF TRIP: _____

DESTINATION: _____

RETURN DATE: _____

DISTRICT NAME: Los Angeles Unified School District

TIME OF DEPARTURE: _____ TIME OF RETURN: _____

SCHOOL: _____

This form and payment must be received in K&K Insurance Group's office at least one week prior to the date of the Field Trip to allow time for processing. Please provide an email address where processing confirmations can be sent. If the form is received without payment, it will be returned to the school.

PLEASE CHOOSE ONE SET OF RATES BELOW:

HIGH OPTION FIELD TRIP RATES	
OVERNIGHT TRIP ONE WEEK TRIP	\$2.10 PER PARTICIPANT FOR 5 NIGHTS & UNDER \$1.05 PER PARTICIPANT PER DAY FOR 5 NIGHTS & OVER
Total Number of Students to be Insured _____	x \$2.10 Per Participant (Overnight Trip 5 Nights or Less) = _____
Total Number of Students to be Insured _____	x \$1.05 Per Participant (Per Day for Over 5 Nights) = _____

LOW OPTION FIELD TRIP RATES	
OVERNIGHT TRIP ONE WEEK TRIP	\$1.80 PER PARTICIPANT FOR 5 NIGHTS & UNDER \$0.90 PER PARTICIPANT PER DAY FOR 5 NIGHTS & OVER
Total Number of Students to be Insured _____	x \$1.80 Per Participant (Overnight Trip 5 Nights or Less) = _____
Total Number of Students to be Insured _____	x \$0.90 Per Participant (Per Day for Over 5 Nights) = _____

Signature of School Official: _____ Date: _____

Email Address(es) for Confirmation: _____

METHOD OF PAYMENT:

Check Attached

MAKE CHECK PAYABLE TO: K&K Insurance Group, Inc.

(Rejection of check by bank for any reason will invalidate insurance.)

MAIL THIS LIST AND PAYMENT TO THE ATTENTION OF:

**K&K Insurance Group, Inc.
Attn: Cheryl Norris
1712 Magnavox Way
Fort Wayne, IN 46804**

For Questions, please call Cheryl Norris at 260-459-5885 or 800-441-3994 ext 5885.