FRIENDS OF ROLLO TRIP REQUEST FORM

FAX COMPLETED FORM TO:

(858) 350-5875

PLEASE PRINT CLEARLY

Contact Name (first & last): _____ Date: _____

Contact Phone Number: ( ) - (primary)
( ) - (alternate)

Organization Name: _____

Organization Type: _____
(school, church group, after school, recreation, community)

Contact's Position/Title: _____

# of kids for fishing trip: _____ (must be between 30 - 45)

# of adult chaperones: _____ (must be at least 1 adult per 10 kids)

Range of kids ages for trip: _____ (must be between 6 – 17 years old)

Special accommodations needed: _____

Preferred date for trip (must be Monday – Friday):

First choice: _____

Second choice: _____

Third choice: _____

Requested type of trip: (check all that apply)
½ day – morning (approx. 7AM – Noon) ___
½ day – afternoon (approx Noon – 5PM) ___
¾ day (approx 8AM – 4PM) ___

Preferred Landing/Area: First choice: _____

Second choice: _____

Will you be matching funding or copayment? If so, estimated amount: $_____

Send trip confirmation to:

Name :_____

Address: _____

City, State, Zip: _____

E-mail address: _____