



## LTAB Field Trip Permission Form

Dear Parent or Guardian,  
Your child is going on a field trip April 26-28<sup>th</sup> to Greensboro NC. Please read the information at the top of this form, then sign and return the permission slip at the bottom of this form by \_\_\_\_\_.

Field Trip Information:

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Purpose: \_\_\_\_\_

Cost \$150/\$50 per student ( team of 5):  
\_\_\_\_\_

Make check out to Poet.she

Cost includes registration, t-shirt, gift bag, tournament meal, campus area bus transportation

Hotel room accomodations: \_\_\_\_\_

#Hotel rooms: \_\_\_\_\_

Means of Transportation: \_\_\_\_\_

Leave school: \_\_\_\_\_ Arrive back at school: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

*Save this part of the form for future reference.*

*Cut here*-----*Cut here*

*Sign this part of the form and return it to your child's teacher.*

\_\_\_\_\_ has permission to attend a field trip to  
\_\_\_\_\_ on \_\_\_\_\_ from  
\_\_\_\_\_ to \_\_\_\_\_.

Enclosed, please find cash/check in the amount of \_\_\_\_\_ to cover the cost of the trip.

I give my permission for \_\_\_\_\_ to receive emergency medical treatment. In an emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_