SONOMA COUNTY JUNIOR COLLEGE DISTRICT FIELD TRIP/ACTIVITY REQUEST

Instructor/Advisor:	Campus/Location:	
Class (Name/Number/Section)/Club/Ot	ther:	
Activity (ies)/Destination(s)	Departure Date	Return Date
Describe the objectives of the proposed content/objectives.		ourse/program/club
Is transportation to be provided by college	e? YES NO	
Attach roster of proposed participants.		
Participation form to be signed by each participation for the signed by each		
Requested By:	Date	<u>. </u>
Inst	ructor/Advisor	
Dept Chair Approval:(If a	Date applicable)	:
Supervising Administrator:	Date	::
Component VP Approval:	Date	:
(Or	designee)	

Please return a copy of approved document to requestor.