



"9TH ANNUAL FACE OFF FIELD TRIP"

Presented By

BELHAVEN UNIVERSITY



School Information

School Name: _____

School Address: _____

Contact Name: _____

Phone Number: _____

Non-Work Contact Phone Number: _____

Email Address: _____

**** Please note: if no email address is provided, your reservation will not be considered.**

Also, please do not to send out permission slips or promise your students anything until we have confirmed your school will be attending this year. Thank you!

Please list the name(s) of **ALL** teachers attending, along with **grade level** and **class size**:

Teacher's names:	Grade:	Class Size:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total # of teachers: _____

Total # of chaperones: _____

Total # of participants: _____

*Total assessed cost (\$2 per person): \$ _____

***Please do not send any money at this time. For office use only.
Again, spots will be reserved on a first-come, first-served basis.**

Please return to:
Mississippi RiverKings
Attn: Face Off Field Trip
Fax: 662.342.1156

communitydevelopment@riverkings.com