

ARIZONA WESTERN COLLEGE
Field Trip Participant Cancellation Agreement

STUDENT ID #: _____
STUDENT NAME: _____
DATE(S) OF FIELD TRIP: _____
DESTINATION(S): _____
TIME OF DEPARTURE FROM YUMA: _____
EXPECTED TIME OF RETURN TO YUMA: _____
FACULTY/STAFF MEMBER
WHO IS REQUESTING AUTHORIZATION: _____

I agree that I _____ must cancel my participation in this event by _____ or I will be responsible for the cost assessed to individuals with this event and I will be responsible for the non-refundable cost associated with my non-participation. Costs such as airlines, entry fee tickets/registration fees, hotels and/or meals already paid by the College.

I hereby certify that I understand the information listed above concerning field trip cancellations.

Student Signature _____ Date _____

APPROVAL

The above named student has hereby agreed to the terms and conditions of the field trip agreement as set forth above.

Faculty/Staff Advisor Date

Travel Specialist Date