

Golden City C.D.C., Inc.

FIELD TRIP BADGE

CHILD'S NAME: _____

D.O.B: _____

ALLERGIES: _____

HOME PHONE: _____

EMERGENCY #1: _____

EMERGENCY #2: _____

HEIGHT: _____

WEIGHT: _____

EYE COLOR: _____

HAIR COLOR: _____

For Office Use Only

Date	Initial	
		Form Received
		Payment Received
		Badge Completed
		Student/Teacher/Parent Received (CIRCLE)
Signature:		
Name:		Date: