

Section 1: Trip Information

SCHOOL Westview High School	DESTINATION Griffith's Park Downtown Beaverton	DEPARTURE DATE 9/8/2018	DEPART TIME 7:30 AM	RETURN TIME
DESCRIPTION OF TRIP Beaverton Celebration Parade		SUPERVISING STAFF NAME Ashley Alexander	SCHOOL PHONE NUMBER 503-356-3053	
WHEN MORE THAN ONE DESTINATION IS ANTICIPATED, PLEASE EXPLAIN AND ATTACH SCHEDULE		FOOD ARRANGEMENTS (when applicable)		

 Section 2: Student Information, Trip Permission and Medical Waiver *(completed by parent or guardian)*

STUDENT NAME		STUDENT CELL PHONE #	STUDENT HOME PHONE #
HEALTH INSURANCE PROVIDER		POLICY NUMBER	
◆ TRIP PERMISSION I, the parent of the above named student grant permission to the school to take him/her on the above described trip.	◆ MEDICAL WAIVER I, the parent/guardian of the above named student, grant permission to the supervising teacher to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers shown below, and I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above-named student.		
PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN SIGNATURE/DATE		CELL PHONE NUMBER

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SCHOOL Westview High School	DESTINATION SpragueHS 2373 Kuebler Blvd, Salem, OR 97302	DEPARTURE DATE 9/29/2018	DEPART TIME 8:00 AM	RETURN TIME 11:00 PM
DESCRIPTION OF TRIP Fall Band Competition - Pacific Coast Invitational		SUPERVISING STAFF NAME Ashley Alexander	SCHOOL PHONE NUMBER 503-356-3053	
WHEN MORE THAN ONE DESTINATION IS ANTICIPATED, PLEASE EXPLAIN AND ATTACH SCHEDULE		FOOD ARRANGEMENTS (when applicable) Two meals will be provided. Student should bring money for anything additional.		

 Section 2: Student Information, Trip Permission and Medical Waiver *(completed by parent or guardian)*

STUDENT NAME		STUDENT CELL PHONE #	STUDENT HOME PHONE #
HEALTH INSURANCE PROVIDER		POLICY NUMBER	
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PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN SIGNATURE/DATE		CELL PHONE NUMBER

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Section 1: Trip Information

SCHOOL Westview High School	DESTINATION Hillsboro Stadium 4450 NE Century Blvd, Hillsboro, OR 97124	DEPARTURE DATE 10/06/18	DEPART TIME 8:00 AM	RETURN TIME 10:00 PM
DESCRIPTION OF TRIP Fall Band Competition - Liberty Marching Arts Challenge		SUPERVISING STAFF NAME Ashley Alexander		SCHOOL PHONE NUMBER 503-356-3053
WHEN MORE THAN ONE DESTINATION IS ANTICIPATED, PLEASE EXPLAIN AND ATTACH SCHEDULE			FOOD ARRANGEMENTS (when applicable) One meal will be provided.	

 Section 2: Student Information, Trip Permission and Medical Waiver *(completed by parent or guardian)*

STUDENT NAME		STUDENT CELL PHONE #	STUDENT HOME PHONE #
HEALTH INSURANCE PROVIDER		POLICY NUMBER	
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PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN SIGNATURE/DATE		CELL PHONE NUMBER

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Section 1: Trip Information

SCHOOL Westview High School	DESTINATION Hillsboro Stadium 4450 NE Century Blvd, Hillsboro, OR 97124	DEPARTURE DATE 10/20/2018	DEPART TIME 7:00 AM	RETURN TIME 10:30 PM
DESCRIPTION OF TRIP Fall Band Competition - Century Showcase		SUPERVISING STAFF NAME Ashley Alexander		SCHOOL PHONE NUMBER 503-356-3053
WHEN MORE THAN ONE DESTINATION IS ANTICIPATED, PLEASE EXPLAIN AND ATTACH SCHEDULE			FOOD ARRANGEMENTS (when applicable) One meal will be provided.	

 Section 2: Student Information, Trip Permission and Medical Waiver *(completed by parent or guardian)*

STUDENT NAME		STUDENT CELL PHONE #	STUDENT HOME PHONE #
HEALTH INSURANCE PROVIDER		POLICY NUMBER	
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PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN SIGNATURE/DATE		CELL PHONE NUMBER

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Section 1: Trip Information

SCHOOL Westview High School	DESTINATION University of Oregon Eugene,OR	DEPARTURE DATE 10/27/2018	DEPART TIME 7:00 AM	RETURN TIME
DESCRIPTION OF TRIP Fall Band Competition - NWAPA Championships		SUPERVISING STAFF NAME Ashley Alexander		SCHOOL PHONE NUMBER 503-356-3053
WHEN MORE THAN ONE DESTINATION IS ANTICIPATED, PLEASE EXPLAIN AND ATTACH SCHEDULE			FOOD ARRANGEMENTS (when applicable) Two meals will be provided.	

 Section 2: Student Information, Trip Permission and Medical Waiver *(completed by parent or guardian)*

STUDENT NAME		STUDENT CELL PHONE #	STUDENT HOME PHONE #
HEALTH INSURANCE PROVIDER			POLICY NUMBER
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PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN SIGNATURE/DATE		CELL PHONE NUMBER

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Section 1: Trip Information

SCHOOL	DESTINATION	DEPARTURE DATE	DEPART TIME	RETURN TIME
		Ashley Alexander	503-356-3053	
WHEN MORE THAN ONE DESTINATION IS ANTICIPATED, PLEASE EXPLAIN AND ATTACH SCHEDULE			FOOD ARRANGEMENTS (when applicable)	

 Section 2: Student Information, Trip Permission and Medical Waiver *(completed by parent or guardian)*

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HEALTH INSURANCE PROVIDER			POLICY NUMBER
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PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN SIGNATURE/DATE		CELL PHONE NUMBER

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