



Field Trip Request Form

Please fill out this form completely and return to CCG's Events Coordinator via email or in person. (events@iflipforccg.com)

Organization Name: _____

Main Contact: _____ Phone # (for day of event): _____

Email: _____

Details about your event

Desired Day or Dates (please give 3 options, or a window of dates)

#1: _____ #2: _____ #3: _____

Desired time of Day: _____ Desired Length of Event: _____

Expected # kids: _____ Age Range: _____

** Minimum of 15 kids**

OTHER NOTES: Please let us know any other information that would be helpful for us to host a FUNtastic event for you and your organization! We look forward to hearing from you!