



Overnight Chaperone List

Building/Teacher _____ Fieldtrip Date _____

Trip# _____ Fieldtrip Location _____

For HR Use Only

Please list all parent/guardian chaperones attending trip.	CLEAR
1. _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>
6. _____	<input type="checkbox"/>
7. _____	<input type="checkbox"/>
8. _____	<input type="checkbox"/>
9. _____	<input type="checkbox"/>
10. _____	<input type="checkbox"/>
11. _____	<input type="checkbox"/>
12. _____	<input type="checkbox"/>
13. _____	<input type="checkbox"/>
14. _____	<input type="checkbox"/>
15. _____	<input type="checkbox"/>

Please continue onto a second sheet if you have more than 15 chaperones attending.