

Field Trip guest list



Welcome at Celestina Popa Gymnastics Inc.*

All attendees are insured for two time visit by Gymnastics BC in case of an occurrence. We are, however, required to collect the following information on behalf of GBC who must provide it to All Sport Insurance in order to validate this insurance coverage. Please complete and return this form to the gym prior the field trip. Thank you!

Name of School or Day-Care _____

Contact Person Name & Phone _____

Date _____ Time _____

| | Name: | First | - | Last | AGE | PHONE NUMBER |
|----|--------------|--------------|----------|-------------|------------|---------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |