

MASON COUNTY CHRISTIAN SCHOOL

470 E Eagle Ridge Drive
Shelton, WA 98584
360.426.7616

Field Trip Volunteer Driver Form

Name: _____ Date: _____

Vehicle(s) license number(s): _____

Vehicle Model(s) and Color(s): _____

[] *I have provided a copy of my driver's license and current vehicle insurance card.*

In case of an emergency, please contact:

Name: _____

Phone: _____

I am allergic to: _____

Thank you for helping our school as a driver during field trips.

