

**Marion School District**  
**Chaperone Trip Fee Collection Form**

This form is to be completed and approved by the business office prior to sending home information about charges. Please turn in at least 2 weeks in advance of the trip.

Description of Event/Purpose for Fee: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Please Collect: \$\_\_\_\_\_ per chaperone (please list names below)

Chaperone Name: \_\_\_\_\_, associated child: \_\_\_\_\_

Chaperone Name: \_\_\_\_\_, associated child: \_\_\_\_\_

Chaperone Name: \_\_\_\_\_, associated child: \_\_\_\_\_

Chaperone Name: \_\_\_\_\_, associated child: \_\_\_\_\_

Chaperone Name: \_\_\_\_\_, associated child: \_\_\_\_\_

Chaperone Name: \_\_\_\_\_, associated child: \_\_\_\_\_

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Chaperone Name: \_\_\_\_\_, associated child: \_\_\_\_\_

Chaperone Name: \_\_\_\_\_, associated child: \_\_\_\_\_

Chaperone Name: \_\_\_\_\_, associated child: \_\_\_\_\_

Chaperone Name: \_\_\_\_\_, associated child: \_\_\_\_\_

Notes: