

Commitment Agreement Col. Cob's Corn Maze Field trip

School \_\_\_\_\_ Grade \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Field Trip Date \_\_\_\_\_ Arrival Time \_\_\_\_\_

# Of Students \_\_\_\_\_ # Of Teachers \_\_\_\_\_

# Of Classes \_\_\_\_\_ # Of Chaperone's \_\_\_\_\_

( approximate numbers )

Deposit Amount \_\_\_\_\_

Check cash credit

CC # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Name \_\_\_\_\_

CVV Code ----- Street # \_\_\_\_\_ Zip Code \_\_\_\_\_

I have read the field Trip guidelines and understand the required deposit and our refund policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Fax to 770-786-8805 and / or mail to 797 Macedonia Church Rd.  
Oxford, Ga. 30054