



ST. MARY AND ST. JOSEPH
COPTIC ORTHODOX CHURCH
RICHMOND HILL, ONTARIO
Trip Information Sheet

Place: _____

Address: _____

Cost: _____

Date: _____ **Time:** _____

Class Name(s): _____ **Grade(s):** _____

Servants Participating: _____

Volunteers Participating: _____

Contact Person: _____ **Cell:** _____

Gathering time & place: _____

Return time & place: _____

Transportation (If the servants are using their own cars, please list all the servants who will be driving):

Person responsible for the First Aid Kit: _____

Please specify, if it is a

- short trip (during Sunday School)
- one day trip
- more than one day trip

Notes: _____
