

School Field Trip Form

The Hillman's

Cloverleaf Family Bowl

Name of school: _____

Teacher: _____

Date & Time of Event: _____

40645 Fremont Blvd.

Fremont, CA 94538

Phone: 510 656-4411

Fax: 510 651-1204

Please assign your students in groups of 5

Please print names

	Name	boy/girl	shoe size	bumpers (√=yes)
1				
2				
3				
4				
5				
1				
2				
3				
4				
5				
1				
2				
3				
4				
5				
1				
2				
3				
4				
5				
1				
2				
3				
4				
5				
1				
2				
3				
4				
5				

____ Lane (bowl use only)

____ Lane (bowl use only)

____ Lane (bowl use only)

____ Lane (bowl use only)

____ Lane (bowl use only)

____ Lane (bowl use only)