

School Name: _____
Teacher in Charge Name: _____
Teacher in Charge Cell #: _____
Teacher in Charge Email: _____

Departing: _____

Returning: _____

Personal information is collected under the authority of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of completing the off-site activity mentioned above. If you have questions about the collection, use of this information, contact the Office of the Superintendent, Medicine Hat Catholic Board of Education, 1251 – 1st Avenue S.W., Medicine Hat, AB T1A 8B4 403-527-2292.

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