

**FIELD TRIP DRIVER FORM
2009-2010**

If you think you might be available to drive for field trips, please take a moment to fill out this form. Submitting it does not obligate you to drive, **but it must be on file before you can drive.**

1. Name of Driver: _____

Vehicle Information:

Year	Make	Model	Number of Students (Exclude the driver)
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TAG # _____ COLOR: _____

2. Name of Driver: _____

Vehicle Information:

Year	Make	Model	Number of Students (Exclude the driver)
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TAG # _____ COLOR: _____

Insurance Carrier: _____

Amount of Coverage:

Liability: _____

Medical Payments: _____

Have you been charged with D. W. I. (Driving While Intoxicated)? _____

If "yes," when? _____

Home Telephone Number: _____

Work Telephone Number: _____

I understand that my personal automobile insurance is the primary provider and Brevard Academy's is the secondary provider.

Driver's Signature: _____

Date: _____