

# **REQUEST FOR CLASS PASS**

## **COUNTY CONNECTION**

2477 ARNOLD INDUSTRIAL WAY  
CONCORD, CA 94520  
FAX: 925-686-2630  
ATTENTION: VALERIE VOLK  
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### **SCHOOL INFORMATION**

Name of School:

Address:

City:

Zip:

School Phone:

### **CONTACT INFORMATION**

Contact Person:

Contact Person Cell Phone:  
(Cell phone is required if County Connection needs to contact you the day of the trip)

Contact Person E-Mail Address:

Name of Teacher:

### **TRIP INFORMATION**

Date of Planned Trip:

Departing From:

Destination name, address, and city:

Earliest time we can leave school:

We need to arrive by:

Earliest time we can begin return trip:

We need to be back to school by:

**STUDENT/ADULT INFORMATION**

# of students:

# of adults:

Age of students:

**ADDITIONAL INFORMATION**

Additional needs (Special needs groups/wheelchairs, etc.) or comments: