

CASHIER'S COPY -- FIELD TRIP Deposit Card

Form No.
CO-ca-7a

Name _____
 Last Name _____ First Name _____ Middle Name _____
 Student No. _____ Deposit Required \$ _____
 Course _____ Instructor's Name _____
 Destination _____
 Departure Date _____
 Student _____
 Mailing Address _____

 Student Signature _____

MUST BE MACHINE RECEIPTED IN THIS SPACE TO BE VALID

Form No.
CO-ca-7a

Name _____
 Last Name _____ First Name _____ Middle Name _____
 Student No. _____ Deposit Required \$ _____
 Course _____ Destination _____
 Departure Date _____

Refund checks of \$2.00 or more per student will be mailed within 30 days after final costs of the field trip have been determined.

STUDENT'S COPY -- FIELD TRIP Deposit Card

MSU is an Affirmative Action/Equal Opportunity Institution 0-12015

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