AP 3C3A(a)(b) Claim for Travel Reimbursement

Kern Community College District Kern Community College District 2100 Chester Avenue Bakersfield, CA 93301-4099						ravel ement	□ Bakersi □ Cerro C □ District □ Porterv	Coso Cor Office	mmunity (College	☐ Dist	okstore		
Date of Request			Co	ontact Tele	phone No	umber		Staff De	velopment	Fund Yes	s 🗆 N	lo		
Name					Identifi	cation Number	er			Department				
Event								l n	ate(s) of Ev	rent				
Destination								D.	ale(s) of Ev	- CIII				
Date and Time of Dep	arture						Date and Time	of Return						
Classes/Hours to Be M	Missed								Sub	stitute Needed	□ Ye	es 🗆	ı No	
FUNDING SOUR	RCE (e.a., FO)	APAL or Stu	dent O	rganiza	tion A	ccounting	String)							
	(3.9.,			9			,g,							
	Estin	nated Expen	ses							Actual Ex	penses			
		Estimated Cost		(Please Prepaym PO	nent*/	quested) Credit Card							Actual Cost	Audit (Office Use Only)
Commercial Transport	ation*			10		Oaru	Commercial Tra	ansportati	on*					,,
Lodging +Tax*, #/nigh	ts:						Lodging plus ta	х						
Registration*							Registration							
Mileage Miles @	Cents						Mileage	Miles _	@	Cen	ts			
Meals							Meals Total (Itemize Below):							
Other Expenses (Item	ized):						Other Expenses Total (Itemize Below):							
							Total Expenses							
							Less Prepayment/Credit Card Charges							
							Balance Due							
Total Estimated Exper	nses						Purchase Orde	r Number						
		proval Signa	tures							g Signatu				
Initiator ynthis Immediate Supervisor	a Zamora	•					I certify that this is a true record of actual and necessary expenses incurred by me in the performance of duties as directed by the governing Board of the Kern Community College District.							
NOTE: Pre-Approv						itiator's	Initiator							
<u> </u>	<u> </u>						Immediate Supervisor							
Initiator student	to mark this box trip.	if serving as a	pproved	d travelino	g emplo	yee on	NOTE: Certifying Signature by Immediate Supervisor confirms the initiator is entitled to the expenses claimed based on KCCD Policy/Procedure.							
							Audited and Approved for Payment By:							
										Per Diem	Meal Da	ata		
							Date		reakfast \$15.00	Lunch \$19.00		nner 3.00	Total \$67.00	Audit (Office Use Only)
	Busines	s Services	ON	LY										
	Date	Chec	k Numb	oer	Aı	mount								
Prepayment														
						Oth	er Expens	ses (Iter		ctual	۸۰۰۰۰اند			
Final Payment								De	escription				Cost	Audit (Office Use Only)
Special Notations:														

KCCD
KERN COMMUNITY COLLEGE DISTRICT
Kern Community College Distric

Funding	Source	
☐ District/Co	llege	С

Kern Community College D 2100 Chester Avenue Bakersfield, CA 93301-408	istrict		Student Authori		□ Bakersfie□ Cerro Cos□ Porterville	so Community Co	ollege	Funding □ District/Co □ ASB □ Bookstore	ollege 🔲	Co-Curricular Food Services Foundation
Date of Request		C	ontact Telephone N	Number						
Name of Approved Travel En	nployee	l			Identification Nur	mber of Approved	Travel Em	ployee		
Athletic Sport/Student Activity	y Purpose					Date(s) of Eve	nt			
Destination (be specific) (No	te: Out of	state trips requi	re Board approval)						
Departure Location (must be	KCCD site	e; other location	must be approved	d)	Return Location	(must be KCCD s	site; other lo	ocation must	t be approved)	
Date and Time of Departure					Date and Time o	f Return				
FUNDING SOURCE (APAL or Si		Accounting S	String)	A	ctual Ex	(penses		
			(Please (x) If	Requested)					Actual Cost	Audit (Office Use
		Estimated Cost	Prepayment */ PO	Credit Card					Cost	Only)
Commercial Transportation	on				Commercial Tr	ansportation				
Lodging+Tax, #/nights:					Lodging plus to	ax				
Registration					Registration					
Mileage Miles@	cents				Mileage M	1iles	@	_cents		
Meals: Estimated # of students					Meals: Actual # of student Per diem total					
per diem total (below)					Other Expense	Other Expenses Total (Itemize Below)				
Other Expenses (Itemized	d)				Total Expenses Less Prepayment/Credit Card Charges					
Total Estimated Evens					Balance Due	crit Orcait Oarc	onargos			
Total Estimated Expens	ses			Sign	atures					
Approved Traveling Empl	Director Si	ignature:								
NOTE: Budget approva	al is com	pleted throug	gh the purchasi	ing process.						
						Per Diem N	Meal Da	ta (per s	student)	
Bu	siness	Services (ONLY		Date	Breakfast \$11.00	Lunch \$13.00	Dinne \$20.00		/ · · ·
	Date	Check N	lumber	Amount						
Prepayment										
Final Payment					TRIPTOTAL (per student)					
Special Notation:						Other	Expens	es (Item	nized)	
						Description	1		Actual Cost	Audit (Office Use Only)
									2301	, , , , , , , , , , , , , , , , , , , ,

Athletic Sport/Student Activity/Purpose
FADS Dance Competition

Date(s) of Event

10/6/2023-10/8/2023

By signing below, each student acknowledges receipt of \$_____(as specified above in "Per Diem Meal Data (per student) – Trip Total")

44.00

Printed Name of Student	Signature of Student
1. Sarabi Robles	Sarabi Robles
2. Celeste Gonzalez	Celeste Gonzalez
3. Victoria Uribe	Victoria Unibe
4. Alejandra Lopez	Alejandra Lopez
5. Lesley Rico Sanchez	Lesley Rico Sanchez
6. Kimberly Villatoro	Kanberly Villatoro
7. Brenda Ruiz	Branda Ruiz
8. Cecilia Duran	Cecilia Duran
9. Selena Rosas	
10. Evelyn Avila	Selena Rosas Evelyn Avila
11.	0
12.	
13.	
14.	
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21.	
22.	
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29.	
30.	

Cynthia Zamora

From:

cynthia gonzalez <cyntirita@gmail.com>

Sent:

Monday, July 24, 2023 12:48 PM

To:

Cynthia Zamora

Subject:

Fwd: Your receipt from Airbnb

To: < cyntirita@gmail.com>



Your receipt from Airbnb

Receipt ID: RCRF3SMJR9 · July 24, 2023

Las Vegas

2 nights in Las Vegas

Fri, Oct 6, 2023 Sun, Oct 8, 2023 Entire home/apt · 16 beds · 16 guests

Confirmation code: HMBS44TX3R

Go to listing

Cancellation policy

Free cancellation before 3:00 PM on Sep 6. Cancel before 3:00 PM on Sep 29 for a partial refund.

Price breakdown

\$500.50 x 2 nights	\$1,001.00
Cleaning fee	\$300.00
Service fee	\$183.67
Total (USD)	\$1,484.67
Payment	
VISA •••• 9215 July 24, 2023 · 12:07:06 PM MST	\$1,484.67
	MALE .

Print this receipt

Go to itinerary

Have a question?

Find details about payments and refunds in your payments, or try the Help Center.

Airbnb Payments, Inc.

Airbnb Payments is a limited payment collection agent of your Host. It means that upon your payment of the Total Price to Airbnb Payments, your payment obligation to your Host is satisfied. Refund requests will be processed in

accordance with: (i) the Host's cancellation policy (available on the Listing); or (ii) Rebooking and Refund Policy Terms, available at www.airbnb.com/terms. Questions or complaints: contact Airbnb Payments, Inc. at +1 (844) 234-2500.

Airbnb, Inc., 888 Brannan St, San Francisco, CA 94103, USA

Best Regards,

Cynthia M. Gonzalez B.A. (UCLA) M.Ed. (UCLA) California Teaching Credential

ReservationConfirmed

Confirmation Number: 2062777656

Pick-up

Oct 6, 2023 12:00 PM

Downtown Bakersfield

1800 24th St Bakersfield, CA 93301 6613232711

Return

Oct 9, 2023 9:00 AM

Downtown Bakersfield

1800 24th St Bakersfield, CA 93301 6613232711

Directions from Terminal

Pick-up or delivery service is available at your general aviation airport. Geographic restrictions may apply. This location services customers flying into this FBO.

Rental Details

Renter

Driver Name: CYNTHIA ZAMORA

Email Address: c·····a@bakersfieldcollege.edu

Phone Number:4614

Age: 25+

Account

Rental Checklist

- Familiarize yourself with yo Pick-Up and Return location
- Bring a valid driving license for each driver.
- Provide an acceptable method of payment in the renter's name. See your pick-up location's policies for details.

Account Number: /BAKERSFIELD COLLEGE

Trip Purpose: BUSINESS

 For additional policy or deposit information, please refer to the Rental Policies section below, or within your email confirmation.

Additional Details

PO Number: P4402149

Vehicle

Vehicle Class: 7 Passenger Minivan

Chrysler Pacifica or similar

Automatic

Time & Distance 3 Day(s) @\$ 63.62 / day

Vehicle Mileage: Unlimited Mileage

\$ 190.86*

Included

Included

Extras

Roadside Protection:

Damage Waiver: Included

9 Additional Drivers: Included

Taxes & Fees

VEH LIC RECOVERY \$ 6.09*

SALES TAX (8.25%) \$ 15.75*

Estimated Total

8/25/23, 1:00 PM

Reservation Confirmed

Billing Number [····4973]

\$212.70*

Custom Rate

*Rates, taxes and fees do not reflect rates, taxes and fees applicable to non-included optional coverages or extras added later.



Form A

■ Bakersfield College

☐ Cerro Coso Community College

☐ Porterville College

Student Election of Private Transportation For approved Student Trip and Emergency Contact Information

[This form must be fully completed by the student and must be submitted to the Instructor/Supervising Academic Employee at least one (1) week prior to the trip. The signature of the Instructor/Academic Supervisor is also required.]

7/10/2023				0					
Student's Printed Name Selena Rosas		Student's Signature	Selena Rosa	as Scland	200	Driver:	Yes	No	1
Student's Printed Name Kimberly Villatoro		Student's Signature	Kimberly Vill	latoro (mberly		Priver:	Yes	No	1
Student's Printed Name Cecilia Duran		Student's Signature	Cecilia Dura	in Cecilian	ran	Driver:	Yes	No	1
Student's Printed Name Victoria Uribe		Student's Signature	Victoria Urib	e 4 5		Driver:	Yes	No	1
Student's Printed Name Leslie Rico	Student's Signature	Leslie Rico	Dilline	000	Driver:	Yes	No	1	
Student's Printed Name Alejandra Lopez		Student's Signature	Alejandra Lo	pez/Manka	Low	Driver:	Yes	No	1
I elect to utilize private transportation with respect to the above-referenced activity. I hereby release and hold free and harmless the Kern Community College District and its employees from and against any and all liability and/or claims resulting from such field trip or excursion by private transportation. If I am the driver, I hereby certify that I have a valid California Driver's License, that the automobile is adequately insured and that I can produce the certificate of insurance upon request.									
Acknowledged By Instructor/Academic Supervisor's Signature	-i- M 7-				100	Date	10000	5-1 HE	17 (4)
	nia M Za)/2023		
Cynthia M Zamor	ra (ontact Telephone N 661)395-4	922		Date of	of Request 7/10/2023			
Department/Division Counseling Course Title and CRN NA									
Departure Location (must be KCCD site; other location	must be approv	ved) Bakers	field Coll	ege					
Departure Date(s)			AM Time	-3-	PI	/ Time	00		\dashv
10/6/2023 Return Date(s)		AM Time			PA	12:00			
10/8/2023						11:00			
Return Location (must be KCCD site; other location m	• • • • • • • • • • • • • • • • • • • •	Rakerefi	eld Colle	ge					
Destination (be specific) (Note: Out-of-state trips requi	re Board approv	^{/al)} 3000 Para	adise Rd L	.as Vegas N\	/ 891	09			
	Purp	ose		ce Com					
Student's/Approved Participant's Name Selena Rosas	Emergency C Liliana	ontact Name I Guerrero)	Relationship Mo	Mother		ne Numbe -862-	0561	
Student's/Approved Participant's Name Kimberly Villatoro	Emergency C Fernar	ontact Name nda Cardo	ova	Relationship Mo	Mother		ne Number -864-	9720	
Student's/Approved Participant's Name Cecilia Duran	Emergency C	na Cavazo	os	Relationship Mo	ther	Telepho 66	ne Number	8492	2
Student's/Approved Participant's Name Victoria Uribe	Emergency C Gilbert	ontact Name O Uribe		Relationship Fat	her	Telepho 661	ne Number -440-	7081	
Student's/Approved Participant's Name Leslie Rico	Emergency C Reyna	ontact Name Ido Rico (Garcias	Relationship Father		Telepho 661	ne Number -869-	4081	
Student's/Approved Participant's Name Alejandra Lopez	Emergency C	ontact Name Millan Ma	zon	Relationship Par	tner	Telepho 661	ne Numbei -282-	6802	
	t								

3/2015DO/Educ_Servs

Original to: College Educational Administrator Copies to: Chair/Coordinator/Director and Originator

(Use Additional Forms As Necessary)



Form A

■ Bakersfield College■ Cerro Coso Community College

□ Porterville College

Student Election of Private Transportation For approved Student Trip and Emergency Contact Information

[This form must be fully completed by the student and must be submitted to the Instructor/Supervising Academic Employee at least one (1) week prior to the trip. The signature of the Instructor/Academic Supervisor is also required.]

7/10/2023								
Student's Printed Name Sarabi Robles	Student's Signature	Sarabi Robl	es	Driver:	Yes	No	1	
Student's Printed Name Brenda Ruiz	Student's Signature	Brenda Ruiz	BrendaRun	Driver:	Yes	No	1	
Student's Printed Name Evelyn Avila	Student's Signature	Evelyn Avila	Eveluntiala	Driver:	Yes	No	1	
Student's Printed Name Celeste Gonzalez	Student's Signature	Celeste Gor	nzalez	Driver:	Yes	No	1	
Student's Printed Name	Student's Signature		O	Driver:	Yes	No		
Student's Printed Name	Student's Signature			Driver:	Yes	No		
I elect to utilize private transportation with Kern Community College District and its electrorist by private transportation. If I am the driver, I hereby certify that I have produce the certificate of insurance upon reaching the control of the certificate of	mployees from and agains re a valid California Driver's	t any and all lia	ability and/or claims	resulting from	such field	d trip or		
Instructor/Academic Supervisor's Signature	· M 7	THE WILL	STARACTIC	Date			4 1	
	nia M Zamora			_	0/2023	3		
Cynthia M Zamora Contact Telephone Number (661)395-4922 Contact Telephone Number (661)395-4922					7/10/2023			
Department/Division Counseling Course Title and CRN NA								
Departure Location (must be KCCD site; other location	must be approved) Bakers	field Col	ege					
Departure Date(s) 10/6/2023	AM Time		PM Time 12	2:00				
Return Date(s) 10/8/2023		AM Time		PM Time	11:00			
Return Location (must be KCCD site; other location m	Rakerefi	eld Colle	ae	I.				
Destination (be specific) (Note: Out-of-state trips requi	re Board approval) 3000 Par	adise Rd L	as Vegas NV 8	39109			\neg	
	Purpose						\dashv	
		S Dan	ce Compe	etition				
Student's/Approved Participant's Name Sarabi Robles	Emergency Contact Name Eric Zamora		Relationship Uncle	e 31	0-592-	1107	$\overline{}$	
Student's/Approved Participant's Name Brenda Ruiz	Emergency Contact Name Cynthia Zamora	ı	Relationship Frien	d 66	hone Numbe 1-808	8392	2	
Student's/Approved Participant's Name Evelyn Avila	Emergency Contact Name ROCIO AVIIA		Relationship Siste	r 66	hone Number	-9012	2	
Student's/Approved Participant's Name Celeste Gonzalez	Emergency Contact Name Carolina Gonza	lez	Relationship Moth	er 66	hone Numbe 1-303-	2947	$\overline{}$	
Student's/Approved Participant's Name	Emergency Contact Name		Relationship		Telephone Number		\dashv	
Student's/Approved Participant's Name	Emergency Contact Name		Relationship	Telepi	hone Numbe	r	_	
	W						_	

3/2015DO/Educ_Servs

Original to: College Educational Administrator Copies to: Chair/Coordinator/Director and Originator

(Use Additional Forms As Necessary)



/
Bakersfield College Cerro Coso Community College Porterville College

Parent/Guardian/Student Consent for Excursions, Field Trips, and Transportation of Students

(Please complete for minors under 18 years of age and for all out-of-state trips. See Board Policy 4B9K6.)

FADS Dance Comp		3000 Paradis	se Rd Las Vegas NV 89109					
^{CRN} NA	Course Name NA		Instructor's Name Cynthia Zamora					
Date of Event(s) 10/6/2023-10/8/2023	3							
All students taking out-of-state trips and pare minor student is a person below 18 years of a	nts or guardians o age.)	f all minor students being transp	ported must sign this consent form. (A					
All persons over 18 years of age taking out-or excursions shall sign this form waiving all clair or by reason of the field trip or excursion.	All persons over 18 years of age taking out-of-state field trips or excursions and all parents of minors taking out-of-state field trips or excursions shall sign this form waiving all claims against the District or the State of California for injury, illness, or death occurring during or by reason of the field trip or excursion.							
Board Policy 4B9I All persons making a fie injury, accident, illness, or death occurring du excursions, and all parents or guardians of m. claims. [Title 5, Section 55450(d)] (See Proc Trips, and Transportation of Student form.)	ring or by reason o inor student taking	of the field trip or excursion. All nout-of-state trips and excursion	adults taking out-of-state trips and ns shall sign a statement waiving such					
Printed Name of Student/Approved Participant	Signature of Stu		7/20/2023					
Address 4801 Timber Mantein Way		Banersheld 933						
Printed Name of Parent or Guardian (only if student is a m	inor) Signature of Pa	rent or Guardian	7/24/23					

3/2015 DO/Educ_Serv Original to: College Educational Administrator



/	
□ Bakersfield College □ Cerro Coso Community College □ Porterville College	

Parent/Guardian/Student Consent for Excursions, Field Trips, and Transportation of Students

(Please complete for minors under 18 years of age and for all out-of-state trips. See Board Policy 4B9K6.)

FADS Dance Competition		3000 Paradise Rd Las Vegas NV 89109		
CRN NA	Course Name NA		Instructor's Name Cynthia Zamora	
Date of Event(s) 10/6/2023-10/8/2023	3			
All students taking out-of-state trips and parents or guardians of all minor students being transported must sign this consent form. (A minor student is a person below 18 years of age.) All persons over 18 years of age taking out-of-state field trips or excursions and all parents of minors taking out-of-state field trips or excursions shall sign this form waiving all claims against the District or the State of California for injury, illness, or death occurring during or by reason of the field trip or excursion. Board Policy 4B9I All persons making a field trip or excursions shall be deemed to have waived all claims against the District for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state trips and excursions, and all parents or guardians of minor student taking out-of-state trips and excursions shall sign a statement waiving such claims. [Title 5, Section 55450(d)] (See Procedure 4B8I of this Manual for the Parent/Guardian/Student Consent for Excursions, Field Trips, and Transportation of Student form.)				
Printed Name of Student/Approved Participant Cecha Duran	Signature of Sh	dent/Approved Participant	7/20/2023	
Address 4108 Orchial Field C		Bukersfuld	Birth Date (only if minor)	
Printed Name of Parent or Guardian (only if student is a m	inor) Signature of Pa	rent or Ottardian	01/24/23	

3/2015 DO/Educ_Serv Original to: College Educational Administrator





Parent/Guardian/Student Consent for Excursions, Field Trips, and Transportation of Students

(Please complete for minors under 18 years of age and for all out-of-state trips. See Board Policy 4B9K6.)

FADS Dance Competition		3000 Paradise Rd Las Vegas NV 89109		
NA NA	Course Name NA		Instructor's Name Cynthia Zamora	
Date of Event(s) 10/6/2023-10/8/2023		_		
All students taking out-of-state trips and parents or guardians of all minor students being transported must sign this consent form. (A minor student is a person below 18 years of age.) All persons over 18 years of age taking out-of-state field trips or excursions and all parents of minors taking out-of-state field trips or excursions shall sign this form waiving all claims against the District or the State of California for injury, illness, or death occurring during or by reason of the field trip or excursion. Board Policy 4B9I All persons making a field trip or excursions shall be deemed to have waived all claims against the District for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state trips and excursions, and all parents or guardians of minor student taking out-of-state trips and excursions shall sign a statement waiving such claims. [Title 5, Section 55450(d)] (See Procedure 4B8I of this Manual for the Parent/Guardian/Student Consent for Excursions, Field Trips, and Transportation of Student form.)				
Printed Name of Student/Approved Participant Celes de Cronzélez Address 20 Crargan Street	Signature of Stu	dent/Approved Participant	7/20/2023	
- I - I		City Baleus fretz	Birth Date (only if minor)	
Printed Name of Parent or Guardian (only if student is a minor) Signature of Parent or Guardian (only if student is a minor)		rent or Guardian	Date 071 24/2673	

3/2015 DO/Educ_Serv Original to: College Educational Administrator



Bakersfield College Cerro Coso Community College	
□ Porterville College	

Parent/Guardian/Student Consent for Excursions, Field Trips, and Transportation of Students

(Please complete for minors under 18 years of age and for all out-of-state trips. See Board Policy 4B9K6.)

FADS Dance Competition		3000 Paradise Rd Las Vegas NV 89109			
^{CRN} NA	Course Name NA		Instructor's Name Cynthia Zamora		
Date of Event(s) 10/6/2023-10/8/2023	3				
All students taking out-of-state trips and parenting minor student is a person below 18 years of a	nts or guardians of age.)	f all minor students being transp	orted must sign this consent form. (A		
	All persons over 18 years of age taking out-of-state field trips or excursions and all parents of minors taking out-of-state field trips or excursions shall sign this form waiving all claims against the District or the State of California for injury, illness, or death occurring during or by reason of the field trip or excursion.				
Board Policy 4B9I All persons making a fie injury, accident, illness, or death occurring du excursions, and all parents or guardians of miclaims. [Title 5, Section 55450(d)] (See Proc Trips, and Transportation of Student form.)	ring or by reason o inor student taking	of the field trip or excursion. All a out-of-state trips and excursion	adults taking out-of-state trips and s shall sign a statement waiving such		
Printed Name of Student/Approved Participant	Signature of Stu	dent/Approved Participant	7/20/2023		
Address 112 Raynosa ave.		City Balersfield	Birth Date (only if minor)		
Fernanda Cordova	inor) Signature of Par	rent or Guardian (Crydova)	1/20/23		

3/2015 DO/Educ_Serv Original to: College Educational Administrator



Bakersfield College Cerro Coso Community College Porterville College	

Parent/Guardian/Student Consent for Excursions, Field Trips, and Transportation of Students

(Please complete for minors under 18 years of age and for all out-of-state trips. See Board Policy 4B9K6.)

FADS Dance Competition		3000 Paradise Rd Las Vegas NV 89109			
NA NA	Course Name NA		Instructor's Name Cynthia Zamora		
Date of Event(s) 10/6/2023-10/8/2023	3		41		
minor student is a person below 18 years of a All persons over 18 years of age taking out-of	All students taking out-of-state trips and parents or guardians of all minor students being transported must sign this consent form. (A minor student is a person below 18 years of age.) All persons over 18 years of age taking out-of-state field trips or excursions and all parents of minors taking out-of-state field trips or excursions shall sign this form waiving all claims against the District or the State of California for injury, illness, or death occurring during				
or by reason of the field trip or excursion. Board Policy 4B9I All persons making a field trip or excursions shall be deemed to have waived all claims against the District for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state trips and excursions, and all parents or guardians of minor student taking out-of-state trips and excursions shall sign a statement waiving such claims. [Title 5, Section 55450(d)] (See Procedure 4B8I of this Manual for the Parent/Guardian/Student Consent for Excursions, Field Trips, and Transportation of Student form.)					
Printed Name of Student/Approved Participant ACCIONATA LOPE 2	Signature of Stu	dent/Approved Participalt/	7/20/2023		
Address 20 Georgetown	Ave	bin Leumont +	Birth Date (only if minor)		
Printed Name of Parent or Guardian only if student is a mi	inor) Signature of Pa	rent or Guardian	Date		

3/2015 DO/Educ_Serv Original to: College Educational Administrator



d	Bakersfield College
	Cerro Coso Community College
	Porterville College

Parent/Guardian/Student Consent for Excursions, Field Trips, and Transportation of Students

(Please complete for minors under 18 years of age and for all out-of-state trips. See Board Policy 4B9K6.)

FADS Dance Competition		3000 Paradise Rd Las Vegas NV 89109		
CRN NA	Course Name NA		Instructor's Name Cynthia Zamora	
Date of Event(s) 10/6/2023-10/8/2023	3	.,		
All students taking out-of-state trips and parents or guardians of all minor students being transported must sign this consent form. (A minor student is a person below 18 years of age.) All persons over 18 years of age taking out-of-state field trips or excursions and all parents of minors taking out-of-state field trips or excursions shall sign this form waiving all claims against the District or the State of California for injury, illness, or death occurring during or by reason of the field trip or excursion. Board Policy 4B9I All persons making a field trip or excursions shall be deemed to have waived all claims against the District for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state trips and excursions, and all parents or guardians of minor student taking out-of-state trips and excursions shall sign a statement waiving such claims. [Title 5, Section 55450(d)] (See Procedure 4B8I of this Manual for the Parent/Guardian/Student Consent for Excursions, Field Trips, and Transportation of Student form.)				
Printed Name of Student/Approved Participant League 2089	Signature or other	lerar Doda	7/20/2023	
Printed Name of Parent or Guardian (only if student is a m	inor\ Signature of Do	City Ballershell	Birth Date (only if minor)	
Ciliana Frewers	Signature of Pa	cana Gue-41e-	10 07/20/23	

3/2015 DO/Educ_Serv Original to: College Educational Administrator



ø	Bakersfield College
•	Cerro Coso Community College
	Porterville College

Parent/Guardian/Student Consent for Excursions, Field Trips, and Transportation of Students

(Please complete for minors under 18 years of age and for all out-of-state trips. See Board Policy 4B9K6.)

FADS Dance Competition		3000 Paradise Rd Las Vegas NV 89109	
CRN NA	Course Name NA		Instructor's Name Cynthia Zamora
Date of Event(s) 10/6/2023-10/8/2023	3		
All students taking out-of-state trips and pare minor student is a person below 18 years of a All persons over 18 years of age taking out-o excursions shall sign this form waiving all clai	age.) f-state field trips or	excursions and all parents of m	ninors taking out-of-state field trips or
Board Policy 4B9I All persons making a field trip or excursions shall be deemed to have waived all claims against the District for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state trips and excursions, and all parents or guardians of minor student taking out-of-state trips and excursions shall sign a statement waiving such claims. [Title 5, Section 55450(d)] (See Procedure 4B8I of this Manual for the Parent/Guardian/Student Consent for Excursions, Field Trips, and Transportation of Student form.)			
Printed Name of Student/Approved Participant Brenda G. PVIZ	Signature of Stu	dent/Approved Participant	7/20/2023
Address 1905 OSCAY QUE		City Bakersfiel	Birth Date (only if minor)
Printed Name of Parent or Guardian (only if student is a m	inor) Signature of Pa	rent or Guardian	Date 06/24/23

3/2015 DO/Educ_Serv Original to: College Educational Administrator



d	Bakersfield College
	Cerro Coso Community College
	Porterville College

Parent/Guardian/Student Consent for Excursions, Field Trips, and Transportation of Students

(Please complete for minors under 18 years of age and for all out-of-state trips. See Board Policy 4B9K6.)

FADS Dance Competition		3000 Paradise Rd Las Vegas NV 89109		
CRN NA	Course Name NA		Instructor's Name Cynthia Zamora	
Date of Event(s) 10/6/2023-10/8/2023	3	"		
All students taking out-of-state trips and pare minor student is a person below 18 years of a		f all minor students being transp	orted must sign this consent form. (A	
All persons over 18 years of age taking out-or excursions shall sign this form waiving all clai or by reason of the field trip or excursion.				
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Printed Name of Student/Approved Participant	Signature of Stu	Ident/Approved Participant	7/20/2023	
Address 4 Kico Sanchez	> Tong	MEEX BONG City Bales Geles	Birth Date (only if minor)	
Printed Name of Parent or Guardian (only if student is a minor) Signature of Parent or Guardian Payment of Rico Garcia Rushay to River House House (07/24/12)			Date 07/24/23	
	0			

3/2015 DO/Educ_Serv Original to: College Educational Administrator



□ Bakersfield College □ Cerro Coso Community College □ Porterville College	
☐ Porterville College	

Parent/Guardian/Student Consent for Excursions, Field Trips, and Transportation of Students

(Please complete for minors under 18 years of age and for all out-of-state trips. See Board Policy 4B9K6.)

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CRN NA	Course Name NA		Instructor's Name Cynthia Zamora
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Evelyn Avila	Signature of Stu	ident/Approved Participant	7/20/2023
2232 Avian Way		Delano	Birth Date (only if minor)
Printed Name of Parent or Guardian (only if student is a m	inor) Signature of Pa	rent or Guardian	Date

3/2015 DO/Educ_Serv Original to: College Educational Administrator





Parent/Guardian/Student Consent for Excursions, Field Trips, and Transportation of Students

(Please complete for minors under 18 years of age and for all out-of-state trips. See Board Policy 4B9K6.)

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^{CRN} NA	Course Name NA		Instructor's Name Cynthia Zamora
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Printed Name of Student/Approved Participant Sarabi Lizbeth Robbe S	Signature of Stu	ident/Approved Participant	7/20/2023
8824 Sorrel St		Bakersfield	Birth Date (only if minor)
Printed Name of Parent or Guardian (only if student is a mi	nor) Signature of Par	rent or Guardian	Date

Students are expected to meet the KCCD Student Code of Conduct standards for the duration of the trip. Students who fail to uphold these standards may be faced with any or all of the following consequences: sanctions imposed by the host institution, Bakersfield College, Office of Student Life, and/or dismissal from the program.

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Do you need any special a	accommodation(s) due to a	a documented disability?	Yes / No
Is there anything in your n of which you would want u		pry	Yes / No
Are you currently receiving want us to be aware?	g medical or psychological	care of which you	Yes / No
I agree to the above ment representative:	ioned and know my duties	as a Bakersfield College	
Victoria Uribe Print Name	Signature Under	© 007481/9 BC @Number	7/24/23 Date

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Are you currently receiving medical or psychological care of which you want us to be aware?			
I agree to the above menti representative:	oned and know my dutie	s as a Bakersfield College	
Cecilia Duran Print Name	Crewfileca Signature	© 10732353 BC @Number	7/24/23 Date

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Print Name	Signature	60	BC @Number	Date
Cellsk Gronalez	Wirs	y dy	C 00678812	07/24/202
I agree to the above ment representative:	ioned and know n	ny duties	as a Bakersfield Colleç	ge
Are you currently receiving medical or psychological care of which you want us to be aware?			Yes / No	
Is there anything in your nof which you would want u		ical histor	~y	Yes / No
Do you need any special a	accommodation(s) due to a	documented disability	? Yes/No

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Is there anything in your mof which you would want u	nedical/psychological histo us to be aware?	ry	Yes / No
Are you currently receiving want us to be aware?	g medical or psychological	care of which you	Yes / No
I agree to the above menti representative:	ioned and know my duties	as a Bakersfield College	
himberty Villatoro	ander Alder	00688589	7/24/23
Print Name	Signature //	BC @Number	Date

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Is there anything in you of which you would wa	ur medical/psychological l int us to be aware?	history	Yes / No
Are you currently receive want us to be aware?	iving medical or psycholog	gical care of which you	Yes / No
I agree to the above m representative:	entioned and know my du	uties as a Bakersfield College	
Print Name	Signature	000do7347 BC @Number	072423 Date

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Print Name	Signature	BC @Number	Date
Selena Rosas	Sellen	Dosery @00699503	7/241
I agree to the above ment representative:	ioned and know	my duties as a Bakersfield College	
Are you currently receiving medical or psychological care of which you want us to be aware?			Yes / No
Are you currently receiving	a modical or nev	chological care of which you	$O \otimes$
Is there anything in your nof which you would want to		egical history	Yes / No
Do you need any special	accommodation((s) due to a documented disability?	Yes / No

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Are you currently receiving medical or psychological care of which you want us to be aware?	Yes / No
I agree to the above mentioned and know my duties as a Bakersfield College	_

Brenda G. Rin fonde Res 000578263 04/24/2

Print Name Signature / BC @Number Date

representative:

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Is there anything in your medical/psychological history of which you would want us to be aware?	Yes / No.
Are you currently receiving medical or psychological care of which you	Yes / No
want us to be aware?	Yes / No

I agree to the above mentioned and know my duties as a Bakersfield College representative:

Print Name Signature BC @Number Date

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Are you currently receiving medical or psychological care of which you want us to be aware?			Yes / No
I agree to the above men representative:	tioned and know my duties	as a Bakersfield College	
Evelyn Avila	Shilipp dile	00532975	7/24/2
Print Name	Signature	BC @Number	Date '

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Do you need any special	Yes / No					
Is there anything in your of which you would want	Yes / No					
Are you currently receivin want us to be aware?	ng medical or psychologic	al care of which you	Yes / No			
I agree to the above mentioned and know my duties as a Bakersfield College representative:						
Darabi Lizhoth Robles		Q00711433	7/24/23			
Print Name	Signature	BC @Number	Date			



Kern Community College District 2100 Chester Avenue Bakersfield, CA 93301-4099 Form C

☐ Bakersfield College
☐ Cerro Coso Community College
☐ Porterville College

Request for Student Trip

Name of Originator Cynthia Zamora				Date of Request 7 / 20 / 20 2 3	
Department/Division Counseling Course Title and CRN					
Departure Location (must be KCCD site; other location must be approved) Bakershield College					
Departure Date(s) 10/6/8023			AM Time	PM Time	
Return Date(s) /8/2073			AM Time	PM Time	
Return Location (must be KCCD site; other location must be approved) Bakes Shield Destination (be specific) (Note: Out-of-state trips require Board approval)					
Destination (be specific) (Note: Out-of-state trips require Board approval) 3000 Paradise Rd. Les Vegas NV 89109					
	2	Purpose			
Is this trip to be taken during class time? Yes No Transportation Cost ### Transportation by: District/College attached.) Private Vehicle Other (Identify			/College Vehicle (Trar ed.) Vehicle(s)	nsportation Request form must be	
Check #1, #2, or #3 below.					
□ #1	This field trip is a basic part of the above-named course, is so stipulated in the course catalog, and the student is expected to participate.				
□ #2	This is a special field trip request for the following purpose(s).				
#3	Student activity (describe)				
Student activity (describe) Students will be competing in a Dance Competition. Originator's Signature Chair's/Coordinator's/Director's Signature Date 7 / 2007 2003					
Originator's Signature			7 / 3	7/207 2023	
Chair's/Coordinator's/Dire	ctor's Signature		Date		
College Educational Administrator's Signature			Date		



BFRS Friday, October 6-8th, 2023

FADS Dance Competition Agenda:

Friday 10/6/2023

11:30am: Students arrive to BC and park under solar panels

-Note: Student please eat lunch before arriving

11:45am: Load up Cars

12:00pm: Depart Bakersfield College

4:00pm: Arrive to AirB&B (3085 South Torrey Pines Dr Las Vegas Nevada) and unload 4:45pm: Depart AirB&B and arrive at 300 Paradise Rd Las Vegas NV 89109 for check in

5:00pm: FADS Check in and show

6:00pm: Dinner provided by FADS Competition Company

7:00pm: Dance showcase

8:00pm: Return to AirB&B and get ready for Saturday.

9:30pm: Lights out

Saturday 10/7/2023

7:30am: Students are up, parents prepare breakfast

8:00am: Breakfast

9:00am: Students get ready for competition

10:30am: Arrive at Resort

11:00am-8:00pm: Competition (times will vary for each performer depending on region and category)

12:00pm: Lunch 1:00pm: Compete 6:00pm: Dinner

8:00pm: Arrive to Airbnb

9:30om: Lights out

Sunday 10/8/2023

7:30am: Students are up, parents prepare breakfast

8:00am: Breakfast

9:00am: Students get ready for competition and awards

10:30am: Arrive at Resort

11:00am: Compete 12:00pm: Lunch 1:00pm Compete 3:00pm: Awards Show

5:00pm: Dinner

6:30pm: Depart Las Vegas

11:00pm: Arrive to Bakersfield College

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NEVADA



OS THICE CO

LAS VEGAS
RESORT + CASINO

3000 Paradise Rd.

Las Vegas, NV 89109

Registration= 60 X 21 \$1,260 ARB+B \$1494



Frank Alex Dance Studio Competition 2022

Rules and Regulations

Deadline

Competition deadline <u>August 28th 2023</u>. Please only send Registration, Entry and Roster form. Waivers can be turned in the day of the competition. Only one waiver per group signed by your Director. All waivers need to be completed before you go on stage. If waivers are not complete, you will not be allowed to compete. (No exceptions) Please send in registrations by the deadline. This will allow us to complete the line up sooner. Registrations will be available on our website by June 19th 2023 @ www.frankalexdance.com

There are no refunds on cancellations or no shows.

Time Limit

Group 3.5 minute maximum.

Duets 3 minutes

Solos 2.5

Production 6 minutes. Timing begins when music starts and ends when music ends

Entry Limit

2 per category. For Solos you can only enter once. For duets 1 per dancer.

Categories

Folklorico

Group A Norte (Baja Ca Sur or Norte, Chihuahua, Tamaulipas, Nuevo Leon, Zacatecas Durango, Sonora, San Luis Potosi Sinaloa.

Group B (Veracruz, Tabasco, Jalisco, Campeche, Colima, Yucatan, Nayarit, Aguascalientes, Guerrero, Oaxaca, Hidalgo, Guanajuato Yucatan, Chiapas, Oaxaca, Guerrero, Nayarit, Michoacan).

<u>International</u> (Belly Dance, Flamenco, Bollywood, Marinera, Tango, Samba, Marimba, World Folk, Polynesian, USA Country, Quebradita (Mexico)

Open (Hip Hop, Lyrical, Jazz, Tap, Ballet)

Latin (Salsa, Merengue, Bachata)

Production can be any style of Dance. ' & MA' Cash prizes for best group performance, best solo and best duet.

Age Categories

8 under, 9-12, 13-17, 18 over. Production mixed ages Ages are averaged out. Ex: Adding all the ages and dividing that number by the number of dancers will give you the average age. Please be honest about ages. - 2 duets - 2 groups

> -2 solos -2 duets -2 groups

Judging

Will be based on Execution of movements, execution of steps, use of stage, choreography, costumes, hair, wardrobe presentation, coqueteo, appearance dancing together as a unit, time limit, music/dances true to region.

All scores are final and may not be changed under any circumstances. Judges will not discuss any scores with any one. You may pick up your score sheets after the the award ceremony. If you exceed your time limit you will automatically be deducted 5 points.

Judges will choose best performance or performer of the year and will be awarded a cash prize.

Music

Please send to Imvillalon@yahoo.com. USB or tablet, laptops ok. No CD's or cassettes

Spectator Fee

\$10 Presale and must be turned in by deadline (August 28th) \$15 at the door Each Studio will receive 2 complimentary entry passes

Dancers Package and Pricing:

Competition Fee

Early Registration July 3rdth: \$60 per dancer

Late registration and last day August 28th: \$75 per dancer

Performance only fee

Early Registration July 3rdth: \$45 per dancer Late Registration August 28th: \$60 per dancer

COMPETITION PACAGES INCLUDES:

2 Director's passes, T-shirt, shoe bag, personalized certificate, studio plaque, 2 solos per category, 2 duets per category, 2 groups per category and 1 Production.

PERFORMANCE ONLY PACKAGE INCLUDES:

2 Directors passes, T-Shirt, 2 group Showcases at 6 minutes each.

TENTATIVE SCHEDULE:

Friday October 6th All groups Check in 5p at Pavillion 11
Saturday October 7th Folklorico Competition begins at 8am at Pavillion 11
Saturday October 7th Open and International Competition Begins at 5pm at Pavillion 11
Sunday October 8th Award Ceremony begins at 2pm at Pavillion 10 (doors open at 1:30p)
FREE Entry for Awards

All fees are NON REFUNDABLE

All participants, spectators and performers must behave in good manners and good conduct. Please follow rules and guidelines. Good sportsmanship is important.



The Resort Fee provides guests with several of the most commonly requested additional services in one package price without being charged several individual fees.

The items included in the fee are:

RESERVATIONS/CUT-OFF

PASSKEY: FOR ONLINE & CALL-IN GROUPS

Currently, the HOTEL is pleased to offer the use of our online group reservations system powered by Passkey. All reservations will be made, modified or canceled by individuals online at a URL to be established and published to potential attendees through meeting website or through email. By providing the group name, individuals will also be able to make reservations by calling 1-800-635-7711 between the hours of Monday through Friday: 9:00am-9:00pm EST; Saturday and Sunday: 10:00am-6:00pm EST. Reservations must be made on or before the Friday, September 15, 2023 in order to be eligible for the group rate.

The HOTEL will be able to supply a username and password if needed to provide you with 24/7 on-line access to your group's information and reports.

All room reservations confirmed in the group sleeping room block will require a first night's room and tax advance deposit/(full room and tax prepayment-option see manager) to guarantee accommodations. The HOTEL will accept checks and all major credit cards directly from each guest for advance deposits. All credit cards used to prepay will be charged immediately. Advance individual reservation deposits are completely refundable if cancelled more than seven (7) days prior to arrival.

Group room block will be released to the HOTEL inventory for resale on Friday, September 15, 2023. Unused rooms will not be charged to the credit card provided for guaranty. Reservation requests after the cut-off date will be subject to availability.

RESERVATIONS/CUT-OFF-DIRECT CALL IN

It is understood that individuals will be responsible for making their own reservations by telephone. Reservations can be made by calling the HOTEL direct at 1-800-635-7711. Our reservations department is available twenty-four (24) hours for your convenience. When calling, individuals should ask for the rooms for the FADS DANCE COMPETITION 2023 group. These reservations must be received no later than Friday, September 15, 2023 @ 5:00 PM PST.

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All room reservations called in under the group sleeping room block will require a first night's room and tax advance deposit to guarantee accommodations. The HOTEL will accept checks and all major credit cards directly from each guest for advance deposits. All credit cards used to prepay will be charged immediately. Advance individual reservation deposits are completely refundable if cancelled more than seven (7) days prior to arrival.

\$ 2440.00 10TAZ