



Oklahoma State Board of Cosmetology and Barbering  
Advisory Board on Massage Therapy

**FIELD TRIP AFFIDAVIT**

NAME OF SCHOOL: \_\_\_\_\_

FIELD TRIP EVENT: \_\_\_\_\_

LOCATION \_\_\_\_\_

DATE(S) \_\_\_\_\_

ATTENDING INSTRUCTORS:  
\_\_\_\_\_  
\_\_\_\_\_

HOURS ATTENDED BY STUDENT(S)

\_\_\_\_\_ HOURS ON THE FIRST DAY

\_\_\_\_\_ HOURS ON THE SECOND DAY

LIST OF STUDENT(S) WHO ATTENDED: (ATTACH ADDITIONAL PAGES IF NECESSARY)

STUDENT NAME/ REGISTRATION #	STUDENT NAME/ REGISTRATION #
1. _____	13. _____
2. _____	14. _____
3. _____	15. _____
4. _____	16. _____
5. _____	17. _____
6. _____	18. _____
7. _____	19. _____
8. _____	20. _____
9. _____	21. _____
10. _____	22. _____
11. _____	23. _____
12. _____	24. _____