

## Overnight/Extended Trips for Activities and Athletics

	Date Submitted:/ _/
Requestor Information	
Head Advisor/Coach:	
Team/Club:	
Building:	
Trip Information (ITINERARY MUST BE ATTACHED INCLUDING	HOTEL AND IF APPLICABLE, FLIGHT INFORMATION)
Destination:	
Purpose of Trip:	
Date(s):	
Departure Date/Time:	Return Date/Time:
Number of Students:	-
Transportation (bus/auto/plane):	Number of buses/autos:
Chaperone Information (8:1 with each gende	er appropriately represented)
Number of Chaperones:	Ratio of Student to Chaperone:
Chaperone Name(s) and Affiliation:	
	<del>-</del>
	-
Funding Source (Select appropriate funding	)
Cost per Student/Athlete: \$	Total Cost: \$
Funding Source:  Building	
☐ Activity/Fundraising ☐ Booster/Donation	<del>_</del>
Reminders	
The School Board must approve all overnight/out-of-st	
<ul> <li>The Overnight/Extended Trips for Activities and Athlet Director or Principal a minimum of 40 days prior to the</li> </ul>	
All chaperones must be approved via District background	und check prior to the submission of this form.
Administrator Signature	Date
Director of Secondary Education Signature	Date
Board Clerk Signature	Date