

REQUEST FOR ATHLETIC/FIELD TRIP

Head Coach/Teacher in Charge _____ Date(s) of Trip _____

Assistant Coach/Team Rep/Chaperone _____

Team/Class/Club _____ # of Athletes/Students _____

Destination _____

Approximate Mileage _____ Admission Price (if any) _____

Meal cost _____ Paid by _____ Hotel cost _____ Paid by _____ Total Cost of Trip _____

Date of Trip _____

Released from Class _____ Board Buses for Return _____

Leave School _____ Arrive School _____

Purpose of Trip:

Transportation or other special requirements: (ie; school bus, charter, other, etc.)

Other Required Actions:

- Must attach the roster with emergency contact names and numbers to this request form.
- An itinerary with details including hotel & schedule must be attached to this form as well.
- Please see the Health Office regarding medical concerns one week prior to field trip.
(Medications Consent Form must be filled out and returned to Health Office—if applicable (download link can be found on website under Athletics on the bottom of the Coaches Corner page))
- Please email your building's contact person for sub coverage.

Signed _____
Coach/Teacher

Signed _____
Athletic Director/Vice Principal

Approved _____
Principal

Approved _____
Superintendent