

Smackover-Norphlet School District Activity Trip Approval Form

Name(s) _____ Date _____

Event Information

Title of Event					
Date of Event			City		
Is registration required?	<input type="radio"/> Yes* <input type="radio"/> No	Registration Cost		Deadline for Payment	
Event Start Time		Requested Leave Time		Approved Leave Time by Principal	
Approved: <input type="radio"/> Yes <input type="radio"/> No			Approved: <input type="radio"/> Yes <input type="radio"/> No		
Principal's/Supervisor's Signature			Superintendent's Signature		
Date			Date		

*Registration form and information must be attached.

Transportation Request

Is transportation needed?	<input type="radio"/> Yes <input type="radio"/> No
Departure Time	
Approximate Return Time	
	<input type="radio"/> Passenger Van <input type="radio"/> Bus <input type="radio"/> Other _____
Number of Students to be Transported	
Number of Vehicles Needed	
Do you need drivers?	<input type="radio"/> Yes <input type="radio"/> No
Central Office Use Only	
Approved: <input type="radio"/> Yes <input type="radio"/> No	
Comments:	

Hotel Request

All reservations will be made by the Central Office.	
Are hotel reservations necessary?	<input type="radio"/> Yes <input type="radio"/> No
Hotel Name	
City	
Phone Number	
Check-in Date	
Check-out Date	
Number of Rooms Needed	
Type of Room Requested	<input type="radio"/> Double <input type="radio"/> King
Central Office Use Only	
Hotel Confirmation Number:	