

FCSC POLICY APPENDIX 4.24-D

ATHLETIC TRIP REQUEST FORM

Today's Date _____ Date of Contest/Event _____

Coach _____ Sport _____

Number of Students: _____ Number of Adults: _____

Number of Vehicles Requested _____

Regular Bus (66 passenger) Activity Bus (14 or fewer passengers)

Exact Departure Location: _____

Time Vehicle to Report: _____ Departure Time: _____ Est. Return Time: _____

Event Start Time: _____

Exact Destination: _____ City: _____

Exact Address to Destination (include special bus parking instructions and any additional stops planned):

Driver Expectations: Meal(s) provided Yes No Not Applicable
Admission fee provided Yes No Not Applicable
Load Coolers Equipment
Type of clothing Casual Dress

Approval/Administration Signatures

Signature of Teacher/Sponsor: _____

Action of Athletic Director: Approved ____ Denied ____ Signature: _____ Date: _____

Action of Superintendent/Designee: Approved ____ Denied ____ Signature: _____ Date: _____

Action of Transportation Director: Approved ____ Denied ____ Signature: _____ Date: _____

Charge Trip To Account # _____ Trip # _____