

Admin Signature _____

Today's date _____

Must be submitted 14 days prior to travel date.

BUS Travel Request Form

Submit to: *Melanie (General) or Jill (Athletics)*

Bus # buses _____ Charter Bus

Person Making Request: _____ Cell Phone # _____

Destination: _____
City/State *Location of Activity*

Purpose of Trip: _____ Date & Time Event Starts: _____

<i>Depart Location</i>	<i>Date</i>	<i>Time</i>	<i>Arrival Location</i>	<i>Time</i>

**** must have detailed itinerary FILLED OUT. We need to account for all the bus drivers time.**

District # or SCHS Account Name (*how BUS is being paid for:*) _____

Students _____ (*1 bus holds 56 adults*)

#Adults/Chaperones: _____ *Chaperone Requirements: **In Washington County** 1 adult per 30 students | **Out of Washington County** [2] chaperones per bus in transit, [20] students [1] chaperone on site)*

NAMES OF ADULTS/CHAPERONES:

See back for Hotel Info:

SCHS Hotel Reservation Request

Total hotel rooms needed # _____ (INCLUDE BUS DRIVER(S))

Double Queen rooms needed # _____ King rooms needed # _____

Date(s) you need a hotel: _____

of nights: _____

Do you have a hotel preference? _____

Address/City for hotel preference: _____

District # or SCHS Account Name (*how rooms are being paid*): _____

Hotel _____

Hotel Address _____

Hotel Phone # _____

Confirmation # _____ Room Rate \$ _____
