## Today's Date Must be submitted 14 days prior to travel date.

□ Suburban □ Dis	trict Car 🗖 Cone-si	ite Car 🛛 Private V	ehicle (*see belo	w) 🗆 Rentai C	Car
Person Making Requ	iest:		_Cell Phone #		
Destination:					
Purpose of Trip:	City/State	Date & Time	Location Event Starts:	n of Activity	
Depart Date:	Depart T	Time (time you want to l	eave SCHS)		
	Arrival	Γime (time you get to de	estination)		
Return Date:	Depart T	Time (time you will leav	e activity location)		
		Fime (time you get to S	·		
District # or SCHS A	Account Name (how	vehicle is being pa	uid for:)		
District # or SCHS A <i>If requesting Distric</i>	et Car or Suburban		ould like to pick		
	<b>t Car or Suburban</b> District co	- Date/time you wo	ould like to pick me over night	up that vehic	
If requesting Distric	e <b>t Car or Suburban</b> District co e	- Date/time you wo ars cannot be taken ho Vehicle Pick-u	ould like to pick me over night 1p Time	up that vehic	
If requesting Distric Vehicle Pick-up Date Students (a sub	e District co purban holds 8 adults)	- Date/time you wo ars cannot be taken ho Vehicle Pick-u #Adults / Chaper DE Driving Certificate	ould like to pick me over night p Time ones: Test Date if driv	up that vehic	ele?
If requesting Distric Vehicle Pick-up Date Students (a sub AMES OF ADULTS/CHA dult	et Car or Suburban District co e ourban holds 8 adults) APERONES (INCLUD Test Date	- Date/time you wo ars cannot be taken ho Vehicle Pick-u #Adults / Chaper DE Driving Certificate Adult	ould like to pick me over night 1p Time oones: Test Date if drivi	ng): Test Date	ele?
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- Watch the Safe Driving Video & take the District Driving Test. Link is on school web page under Teachers/Drivers training. Give copy of certificate to Jill.
- Provide a copy of a valid drivers license, and current proof of vehicle insurance to Jill (if not a district employee). ٠

## See back for Hotel & Itinerary: $\rightarrow$

## SCHS Hotel Reservation Request

Total hotel rooms needed #				
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 student rooms are being paid):				
District # or SCHS Account Name (how teacher/coach rooms are being paid):				

## Itinerary for overnight use only

Depart Location	Date	Time	Arrival Location	Time

Hotel	
Hotel Address	
Hotel Phone #	
Confirmation #	Room Rate \$