

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

CAR/SUV Travel Request Form

submit to: Melanie Hardy (General) or Jill Mickels (Athletics)

Suburban District Car Cone-site Car Private Vehicle (*see below) Rental Car

Person Making Request: _____ Cell Phone # _____

Destination: _____
City/State _____ Location of Activity _____

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

Depart Date: _____ Depart Time (time you want to leave SCHS) _____

Arrival Time (time you get to destination) _____

Return Date: _____ Depart Time (time you will leave activity location) _____

Arrival Time (time you get to SCHS) _____

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

If requesting District Car or Suburban - Date/time you would like to pick up that vehicle?
District cars cannot be taken home over night

Vehicle Pick-up Date _____ Vehicle Pick-up Time _____

#Students _____ (a suburban holds 8 adults) #Adults / Chaperones: _____

NAMES OF ADULTS/CHAPERONES (INCLUDE Driving Certificate Test Date if driving):

Adult _____	Test Date _____	Adult _____	Test Date _____
Adult _____	Test Date _____	Adult _____	Test Date _____
Adult _____	Test Date _____	Adult _____	Test Date _____
Adult _____	Test Date _____	Adult _____	Test Date _____
Adult _____	Test Date _____	Adult _____	Test Date _____

***Private Vehicle(s):**

Driver _____	Make _____	Model _____	VIN# _____
Driver _____	Make _____	Model _____	VIN# _____
Driver _____	Make _____	Model _____	VIN# _____
Driver _____	Make _____	Model _____	VIN# _____
Driver _____	Make _____	Model _____	VIN# _____

Drivers have to:

- 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).

See back for Hotel & Itinerary: →

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

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

Hotel _____

Hotel Address _____

Hotel Phone # _____

Confirmation # _____ Room Rate \$ _____