

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 Do you need Bins on the school bus Y/N _____

Person Making Request: _____ Cell Phone # _____

Destination: _____
City/State *Location of Activity*

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

Pick up Location @ SCHS: _____

<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 52 adults*) # Wheelchairs _____

#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 \$
