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: _____

Depart Location	*Date*	*Time*	*Arrival Location*	*Time*

** must have **detailed itinerary** FILLED OUT. We need to account for all the bus driver's 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 # _____

Check In Date: _____

Check Out Date: _____

# of nights: _____

Do you have a hotel preference? _____

Address/City for hotel preference: _____

SCHS Account Name (To pay for rooms) _____

# of Adult rooms: _____

# of Student rooms: _____

Hotel _____

Hotel Address _____

Hotel Phone # _____

Confirmation # _____ Room Rate $_____
