

**BANKS SCHOOL DISTRICT ATHLETICS/ACTIVITIES
OVERNIGHT TRIP REQUEST**

*Requests should be made at least 30 days prior to the trip.
This form is for in-state trips only.*

School or Departments and grade levels involved:_____

Person making request:_____

Destination:_____ Lodging Arrangements:_____

Date of Departure:_____ Date of Return:_____

Purpose of Trip:_____

Number of Chaperones:_____ (1:8 ratio) Number of Students Attending:_____

Names of chaperones_____

_____ School Days Missed:_____

Description of training/expectations provided for chaperones:_____

Type of Transportation:_____

Type of Insurance Coverage:_____

Source and Amount of Revenue:_____

Has the trip been taken before? Yes___ No___ When:_____

Comments:_____

****Please attach itinerary****

Requested By

Signature of Principal

Date Requested

Signature of Athletic Director (if applicable)

=====OFFICE USE ONLY=====

Approved

Disapproved

Date_____ Signature_____