

**CROCKETT COUNTY CONSOLIDATED COMMON SCHOOL DISTRICT
ACTIVITY TRIP REQUEST**

DATE (today) : _____ DATE OF DEPARTURE: _____
GROUP OR TEAM: _____ TIME OF DEPARTURE: _____

DESTINATION: _____ DATE RETURNING: _____

REASON FOR TRIP: _____

NUMBER IN GROUP: _____ STUDENTS: _____ ADULTS/SPONSORS: _____

NAME(S) OF ALL ADULTS AND SPONSORS ATTENDING: _____

TRANSPORTATION REQUESTED: YES ____ NO ____ (ASSIGNED VEHICLE) _____

NAME(S) OF PRE-ARRANGED DRIVER(S) _____

GAS CREDIT CARD REQUESTED: YES ____ NO ____ (ASSIGNED TYPE) _____

A. MEAL MONEY REQUESTED FOR # ____ MEAL(S) PER PERSON (\$ ____ X ____ X ____ = \$ ____

CHECK NUMBER _____

B. ENTRY FEE REQUESTED: YES ____ AMOUNT \$ ____ DATE NEEDED: _____

MAIL: ____ PICK UP: ____ CHECK NUMBER: _____

ENTRY FEE PAYABLE TO: _____

MAILING ADDRESS: _____

C. HOTEL REQUESTED: YES ____ NO ____ AMOUNT: \$ _____

(Superintendent's Office will make all hotel reservations)

HOTEL CHECK PAYABLE TO: _____ CHECK NUMBER: _____

OTHER REQUESTS: (I.E.) taxi, parking, etc. \$ _____

Please list: _____

It is the responsibility of sponsor or coach to fill out and return this form to the Superintendent's Office **no less than 2 weeks** prior to trip departure. This form must be signed by the Campus Principal (and Athletic Director if applicable) with appropriate Budget Codes.

SIGNED: _____

Sponsor/Coach

A. BUDGET CODE _____

B. BUDGET CODE _____

C. BUDGET CODE _____

APPROVED: _____

PRINCIPAL

SUPERINTENDENT OF SCHOOLS

APPROVED: _____

ATHLETIC DIRECTOR

COPY TO TRANSPORTATION

(date)