OVERNIGHT TRAVEL REQUEST FORM

Submit this request for administrative review before making overnight travel arrangements.

REQUEST INFORMATION

School Name Prescott High School	**Coach/Sponsor Name** Matt Dean
Team / Sport / Program Challenge Program	**Contact Phone Number** 928 925 4578

TRIP DETAILS

Purpose of Trip Challenge Program overnight outing	**Event / Competition** Fall Backpack
Date of Departure 9/25/26	**Date of Return** 9/27/26
Departure From PHS	**Destination Location (City, State)** Cabin Loop Trail

FINANCIAL INFORMATION

Estimated Cost per Student	**Total Estimated Cost for Team / Program**
Funding Source	**Funding Details / Account Information**

TRAVEL AND LODGING

Transportation Method(s) Activity Bus	**Transportation Provider / Details** PUSD
Hotel / Lodging Name	**Number of Rooms Needed**
Hotel / Lodging Address	
Chaperone / Coach Lodging Arrangements	

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SUPERVISION AND SAFETY

Names of Supervising Staff / Chaperones
Lauren Pedersen,

Emergency Contact Information for the Trip
Matt Dean 928 925 4578

Safety Protocols / Action Plan in Place
Satellite communicator, standard NOLS trip planning and safety protocols, Wilderness First Responder credentials held by all adults.

ADMINISTRATIVE APPROVAL

For School Board / Administration Use Only

Approval Status *Approved / Not Approved*	**Date of Approval**
Administrator Name / Title	**Administrator Signature**
Comments / Conditions of Approval	

Form completed electronically. Save a copy for department records after approval.