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** Penny Fossman
Team / Sport / Program Girls Basketball	**Contact Phone Number** (907) 314-2156

TRIP DETAILS

Purpose of Trip Basketball Tournament	**Event / Competition** Lancer Cactus Clash Tournament (Salpointe Catholic)
Date of Departure 12/3/2026	**Date of Return** 12/5/2026
Departure From Prescott High School	**Destination Location (City, State)** Tucson, Arizona

FINANCIAL INFORMATION

Estimated Cost per Student	**Total Estimated Cost for Team / Program**
Funding Source Girls Basketball Boosters	**Funding Details / Account Information** Current balance approximately 15,000

TRAVEL AND LODGING

Transportation Method(s) Driving	**Transportation Provider / Details** PUSD Activity Bus
Hotel / Lodging Name Airbnb (Prince Donna B)	**Number of Rooms Needed** 1 Airbnb
Hotel / Lodging Address N. Donna Beatrix Circle, Tucson, AZ 85718	
Chaperone / Coach Lodging Arrangements Coach and 2 female parents will be staying with the team at the Airbnb	

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SUPERVISION AND SAFETY

Names of Supervising Staff / Chaperones
Penny Fossman (coach), Laura Crocket (parent), and Breann Murdock (parent)

Emergency Contact Information for the Trip
Penny Fossman - (907) 314-2156
Laura Crockett - (928) 308-1286
Breann Murdock - (714) 858-8465

Safety Protocols / Action Plan in Place

Before leaving each location, coaches or chaperones will conduct a head count and confirm everyone is together. Players may stay with a designated partner or with the group at all times, with coaches or chaperones supervising transportation, venues, and Airbnb. Any injury, illness, missing player, or safety concern will be reported immediately. In an emergency, coaches or chaperones will account for all players and take appropriate action to ensure everyone's safety.

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.