

ATHLETIC TRAVEL REQUEST

Name of Staff Traveling: Greg HOCIMUTH Today's Date 1/14/14
 Building: Choose School HHS Grade(s): 9-12 Sport: BOYS BOWLING
 Traveling to: FAIRVIEW HEIGHTS, IL Travel Date(s): 1/31 - 2/2
 Address: 5950 OLD COLLINSVILLE RD, FAIRVIEW HEIGHTS, IL
 Number of Students Competing: TBD Number of Students Traveling: TBD
 Event: STATE FINALS

Please list any special needs (i.e. medication, wheelchairs) _____

If there are medication needs, describe and explain how those needs will be met _____

TRANSPORTATION INFORMATION

_____ Harlem School Buses (# Needed)

(Note: Directions/parking information must be provided to transportation office one week before trip date.)

1 Van (# Needed) Van or Bus depending on how many qualify

_____ Contracted Bus (# Needed)

_____ No Transportation Needed

Is this an overnight trip? Yes ☒ No ☐

Time Event Begins 08:00

Estimated Travel Time 5 HOURS

Time of Departure From School 5:00

Date 1/30/14

Time of Departure From Travel Site 08:00

Date 2/2/14

Estimated Return Time to School 5 HOURS

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BY: RC

1. Be sure to list all costs per student

2. How the trip is being funded

3. Describe plan for students with fee waivers.

1. Trip Cost Per Student

Admission \$ 0 per student

Meals \$ 60 per student

Lodging \$ 50 per student

Other \$ 0 per student

(Explain _____)

Total Cost \$ 0.00 Per Student
110.00

2. How is the Trip Being Funded

Student/Parent \$ _____

Athletic Budget \$ 880

Other \$ _____

(Explain _____)

Total Funding \$ 110 Per Student

3. Describe the plan to ensure funding source for students with fee waivers

Athletic Budget

The Athletic Student Travel Plan **MUST** accompany this completed request.

Approve ☒ Disapprove _____

K&F
Athletic Director Date 1/14/14
(signature signifies that appropriate guidelines have been followed)

Approve _____ Disapprove _____

Assistant Superintendent Date _____

Approve _____ Disapprove _____

Director of Transportation Date _____