

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

*Requests should be made at least 90 days prior to the trip.  
This form is for out-of-state trips only.*

School or Departments and grade levels involved: \_\_\_\_\_

Person making request: \_\_\_\_\_

Destination (*Attach detailed itinerary*): \_\_\_\_\_

Lodging Arrangements (*Detailed lodging arrangements required*): \_\_\_\_\_

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 (Please attach detailed information): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the trip been taken before? Yes\_\_\_ No\_\_\_ When: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*Please attach DETAILED itinerary\*\***

**Permission will not be granted until ALL required information is received.**

\_\_\_\_\_  
Requested By (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Athletic Director (if applicable)

\_\_\_\_\_  
Date

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

Date Received: \_\_\_\_\_

Presented to Banks School District Board of Directors: \_\_\_\_\_

\_\_\_\_\_  
Date

Approved

Disapproved

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date