IFCB-R Field Trips IFCB-R- 22

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT EXTENDED/OVERNIGHT ATHLETIC REQUEST FORM

WL School Bus (Account # Required-see below)	Charter Bus (Attach Insurance Copy)	Personal Vehicle (IFCB-R-21 kept w/school)	FOOt (No Transportation)	
School	Grade	Date(s) of Event		
Coach		Sport		
Destination				
Time of Departure from School		Time of Return to School		
Name(s)	of Staff Members Attending	To	otal Participation	
1 6 ;		of Athletes		
2	7	# of Staff		
3		# 0		
4				
5	10			
Date	Facility	INFORMATION		
		Phone		
Date Facility Address				
 Submit this form to princ Send Extended Athletic F Discuss with each chaper 	CH RESPONSIBILITIES FOR EX ipal and discuss payment method his arent Notice/Permission & Medical one his/her responsibility and assign your rules and their responsibilities. Date	m/her a minimum of four week Consent Form (IFCB-R-23) to a students to chaperones.	es in advance of start date of trip. o parent.	
TRANSPO	ORTATION USE ONLY:	APPROVED	DISAPPROVED	
Reason for disapp	roval			
_				
Bus Number			pervisor's Signature	
	Your account/s have hourshours		our) \$ \$	
Ficial Trip Willeage	nincs @ \$1.		OTAL \$	
Journal Entry	ry #: Logged on:			

4/2/98, Revised: 8/5/04, 07/07