

STUDENTS

* Board Van 3/22 936 AP.1

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization- Please fill out a separate for for each bus.)

Date of Request

1/29/16

Date of Event

6/9 - 12/2016

Organization

Cheer Squad

School

TCCHS

Type of Trip (Circle One)

In County Instructional

In County Athletic

Other:

Out of County Instructional

Out of County Athletic

(Explain in detail)

Out of State Instructional

Out of State Athletic

Destination (event and/or place)

Gulf Shores, Alabama

Planned Stops to and from

Food / Restroom Breaks

Number of Passengers

21

Date & Time of Departure

6/9 6:00 am

Departing Location

TCCHS Annex

Date & Time of Return

6/12 10:00 pm

Returning Location

TCCHS Annex

Chaperones Contessa Orr, Amber Gant,

Chaperones' Cell Phone #

270-604-1787

Dana Orr

Please explain how this trip correlates with the unit of study

The purpose of this trip will be to learn new stunts, dance moves and cheer routines. There are classes for the cheerleaders and the coaches during the camp.

Special Requests (Driver, Type Bus, Handicap Access, etc.)

Trip Requested By

Contessa Orr

Driver Assigned

Bus #

Organization Responsible for Payment

TCCHS Cheer

Approval of Site Based Council Representative

James P.

District Use Only

Section 2

Approval of District Representative

Date

Driver - Turn in this Information with Timesheets

Section 3

Date/Time Departure

Odometer Start

Date/Time Return

Odometer Ending

Mileage Cost - total miles X \$1.50 per mile =

Driver Payment - total hours X \$10.50 per hour (Minimum two hours) =

Total Invoiced Amount

Invoiced to

Invoice Date

Payment Amount Received

Payment Date

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature

Date

Driver Comments