

**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 \_\_\_\_\_

<u>Name(s) of Staff Members Attending</u>		Total Participation _____
1. _____	6. _____	# of Athletes _____
2. _____	7. _____	# of Staff _____
3. _____	8. _____	# of Chaperones _____
4. _____	9. _____	Type of Equipment _____
5. _____	10. _____	_____

- Have you made necessary arrangements with authorities at your destination? Yes \_\_\_\_\_ Does Not Apply \_\_\_\_\_
- Have you notified cafeteria and itinerant staff of the date of your trip? Yes \_\_\_\_\_ Does Not Apply \_\_\_\_\_
- Indicate account number for WL transportation billing: \_\_\_\_\_
- Substitute arrangements have been made where necessary. Yes \_\_\_\_\_ Does Not Apply \_\_\_\_\_

**LODGING INFORMATION**

Date \_\_\_\_\_ Facility \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_ Facility \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**COACH RESPONSIBILITIES FOR EXTENDED/OVERNIGHT ATHLETIC EVENT**

1. Submit this form to principal and discuss payment method him/her a minimum of four weeks in advance of start date of trip.
2. Send Extended Athletic Parent Notice/Permission & Medical Consent Form (IFCB-R-23) to parent.
3. Discuss with each chaperone his/her responsibility and assign students to chaperones.
4. Discuss with all students your rules and their responsibilities.

Coach Signature \_\_\_\_\_

Date \_\_\_\_\_

Principal Signature \_\_\_\_\_

Date \_\_\_\_\_

Cabinet Member Approval \_\_\_\_\_ Date \_\_\_\_\_

<u>TRANSPORTATION USE ONLY:</u>	APPROVED	DISAPPROVED
Reason for disapproval _____		
Assigned to _____		
Bus Number _____	Transportation Supervisor's Signature _____	
<b>Your account/s have been charged as follows:</b>		
Field Trip Salary ( _____ hours _____ minutes @ \$ _____/hour)	\$ _____	
Field Trip Mileage ( _____ miles @ \$1.75/mile)	\$ _____	
	TOTAL	\$ _____
<b>Journal Entry #:</b> _____	<b>Logged on:</b> _____	