

University High School

Extracurricular/Field Trip Request Form

Group Name: _____ **Event Name:** _____

Destination City: _____ **Destination State:** _____

Departure Date: _____ **Departure Time:** _____ **Return Date:** _____ **Return Time:** _____

Estimated Number of Students: _____

*Student count and roster are to be provided to the office manager NO LATER THAN 3 days prior to event date. Student count and roster will be provided via (check box): emailed or printed list

Estimated Cost to Students: _____

Trip Itinerary/Schedule (List or Attach): _____

Chaperones:

- | | |
|---|--|
| <input type="checkbox"/> Check Box if under 25 years of age | <input type="checkbox"/> Substitute Required |
| <input type="checkbox"/> Check Box if under 25 years of age | <input type="checkbox"/> Substitute Required |
| <input type="checkbox"/> Check Box if under 25 years of age | <input type="checkbox"/> Substitute Required |

Method of Transportation:

	Check all that apply	Advisor to reserve (check if applicable)	UHS to reserve (check if applicable)	Seating Capacity (if applicable)
Rental Vehicle				
Charter Bus				
Personal Vehicle				
Airplane				

Lodging:

Fill in, if applicable

	Number of Rooms	Single or Double Occupancy	Advisor to reserve	UHS to reserve
Hotel				

Estimated cost to the school with breakdown of expenses:

Advisor Signature: _____ Date: _____

Superintendent/Principal Approval: _____ Date: _____