

**FCSC POLICY APPENDIX 4.24-D**

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**ATHLETIC TRIP REQUEST FORM**

Today's Date \_\_\_\_\_ Date of Contest/Event \_\_\_\_\_

Coach \_\_\_\_\_ Sport \_\_\_\_\_

**Number** of Vehicles Requested

Regular Bus (66 passenger)       Activity Bus (14 or fewer passengers)

Exact Departure Location: \_\_\_\_\_

Time Vehicle to Report: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Est. Return Time: \_\_\_\_\_

Event Start Time: \_\_\_\_\_

Exact Destination: \_\_\_\_\_ City: \_\_\_\_\_

Exact Address to Destination (include special bus parking instructions and any additional stops planned):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver Expectations:	Meal(s) provided	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Applicable
	Admission fee provided	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Applicable
	Load	<input type="checkbox"/>	Coolers	<input type="checkbox"/>	Equipment	<input type="checkbox"/>	
	Type of clothing	<input type="checkbox"/>	Casual	<input type="checkbox"/>	Dress	<input type="checkbox"/>	

\_\_\_\_\_  
Signature of Coach/Sponsor

\_\_\_\_\_  
Signature of Athletic Director

\_\_\_\_\_  
Signature of Transportation Director

Charge Trip To Account # \_\_\_\_\_

Trip # \_\_\_\_\_

**Revised:**      6/8/99, 5/9/00, 5/8/01, 6/1/12, 7/20/16