WALLED LAKE CONSOLIDATED SCHOOL DISTRICT
EXTENDED/OVERNIGHT ATHLETIC REQUEST FORM

WL School Bus                         Charter Bus                         Personal Vehicle                       Foot
(Account # Required-see below)               (Attach Insurance Copy)                    (IFCB-R-21 kept w/school)                          (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  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 ________________________

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_________________

FOR TRANSPORTATION USE ONLY:                                  - APPROVED-                              - DISAPPROVED -

Reason for disapproval _________________________________________________________________
Assigned to ___________________________  Bus Number __________________________
Transportation Supervisor’s Signature

Your account/s have been charged as follows:
Field Trip Salary (__________hours __________minutes @ $__________/hour) $________
Field Trip Mileage (__________miles @ $1.75 $2.00/mile) $________
TOTAL $________

Journal Entry #: _________________________________     Logged on: _____________________

4/2/98, Revised:  8/5/04, 07/07, 4/2/20