

**CLAY COUNTY SCHOOLS
OUT OF STATE TRIP/OVERNIGHT
IN STATE TRIP/OVERNIGHT
IN STATE
EXTRA-CURRICULAR TRIP REQUEST**

Date Submitted _____

Name of School _____

Organization Requesting Trip _____

Purpose of Agenda of Trip _____

Date and Time of Departure _____

Date and Time of Return _____

Destination: Address _____

City

Zip

State

Accommodations: Name of lodging _____

City

Zip

State

Phone

Type of Transportation _____ Approximate Distance _____ miles

Number of Student Passengers _____ Female _____ Male _____

Name of all Chaperone(s) _____

_____ Alternate _____

Comments _____

Telephone Numbers Where You Can Be Reached: Cell _____

Signature of Organization Sponsor _____

Date

Signature of Principal _____

Date

Board Approved _____