## Buchanan Area Overnight Student Trip Supervision Plan

Trip/Team				
Trip Dates				
Hotel				
Address (City & State)				
Administrator(s) Names (With cell contact)				
Coaches Names				
(With cell contact)				
Number of Students				
Number of Chaperones				
<b>Detailed Itinerary*</b>	Date:	Time:	Activity:	
Hotel Room Check	Time st	udonts oro	roquirod	
Information	Time students are required to be in rooms			
	Room checks done by			
	Time lights out			
CUSD Student Forms on File (Board Policy 3204 & 8302): YES (Please circle				YES NO (Please circle one)
* Account for each day, each event, each activity, and each hour of trip.				