

School Year
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## REQUEST FOR ATHLETIC TRIP APPROVAL

PLEASE REFER TO THE B.C.S.D. POLICY 8460 STUDENT TRAVEL (FIELD TRIPS, EXTRACURRICULAR, INTERSCHOLASTIC) AND 8460R (REGULATIONS) WHEN PLANNING A TRIP.  
(Click here to view the [Policy](#) and [Regulation](#).)

Number of Athletes: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_ Departure Date/Time: \_\_\_\_\_  
Sport: \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_  
Name of Event: \_\_\_\_\_  
Location of Event (Venue, City and State): \_\_\_\_\_  
Host School: \_\_\_\_\_  
(High School) \_\_\_\_\_ (Street Address) \_\_\_\_\_ (City, State and Zip) \_\_\_\_\_

Co-Sponsor: (if applicable): \_\_\_\_\_

Please Check all that apply to this even:

All Participating Schools are members of NYSPHSAA

All Participating Schools are members of their state P.H.A.A.

If out of state schools are participating, this even has to be sanctioned according to NYSPHSAA and NFA rules & regulations

	Number of school days missed		Non-League Contest
	Number of Athletes and Managers		Invitational or Tournament
	Number of Coaches		
	Number of Chaperones (1 per 10 athletes)		

Names of Chaperones:


What provisions have been made to help students keep up with missed class work:

What provisions have been made for emergency return of students from site of activity:

### TRAVEL DETAILS

Transportation Arrangements:

Lodging Information:

(Name of Hotel/Motel)

Phone Number of Site

Emergency Phone (contact name/cell number)

Number of Athletes assigned per room:

Has an emergency phone "tree" been set up prior to trip to contact Parent(s)/Guardian(s) Yes No

Describe the procedures to be used to ensure the administration of medication to students who require them:

# REQUEST FOR ATHLETIC TRIP APPROVAL - Pg 2

Explain how meals will be provided for the students:

Explain how this trip will be funded:

List here or attach a separate sheet to explain the event itinerary:

**Transportation Costs as computed by Transportation Supervisor through the Transportation Request Form:**

Estimated Mileage – Round Trip \_\_\_\_\_ miles x \$ 2.70 \_\_\_\_\_ (A) Subtotal (A+B+C) \_\_\_\_\_ (D)  
 Labor Cost for Driver \_\_\_\_\_ hours x \$35.00 \_\_\_\_\_ (B) Number of Buses \_\_\_\_\_ (E)  
 Labor Cost for Attendant if needed \_\_\_\_\_ hours x \$21.50 \_\_\_\_\_ (C) Estimated Total (DxE) \_\_\_\_\_ (F)

## Expenses Detail & Responsibilities

Expense Category	Expense Responsibility by Group			Total Trip Cost (all participants)
	District Cost	Booster Club	Student Cost	
Transportation				
Food				
Lodging				
Fees/Tickets/Misc				
<b>TOTAL EXPENSES</b>				

**Student Expense Responsibility (if applicable):**

Expense Detail for Student				
Transportation	Food	Lodging	Fees/Tickets/Misc	Total Cost of Trip

Varsity Coach responsible for contents of this application: \_\_\_\_\_  
(signature/date)

Athletic Director Approval: \_\_\_\_\_  
(signature/date)

Principal Approval: \_\_\_\_\_  
(signature/date)

Assistant Superintendent for Curriculum, Instruction & Assessment Approval: \_\_\_\_\_  
(signature/date)

Date of First BOE Reading: \_\_\_\_\_

Date of Second BOE Reading: \_\_\_\_\_

Date of Board of Education Approval: \_\_\_\_\_