

**Kingsburg Joint Union High School District
BOARD Overnight Trip Request Form**

Day Departure: _____ **Day Return:** _____

Location/Destination: _____

Name Group/Activity: _____

Objectives of Trip: _____

Estimated # Students: _____ **Amount of Class Time Loss:** _____

Number of Supervisors _____ **List Names:** _____
(There must be 1 Supervisor for every 10 students)

Arrangements:
Transportation _____

Arrangements:
Accommodations /Meals _____

Total Cost Per Student: \$ _____ **Total Cost Trip:** \$ _____

Funds Derived from What Source: _____

How are staff/volunteer cost covered? _____

Additional Info: _____

Instructor Name **Signature** **Date**

(Please submit this form and include any back up documentation in support of the overnight trip, if applicable.)