

**NYE COUNTY SCHOOL DISTRICT
REQUEST FOR OUT-OF-STATE ATHLETIC TRIP AUTHORIZATION**

NOTE: Completed form must be submitted to Superintendent/Designee at least two weeks prior to the date of the trip. A copy will be returned to the coach upon approval. Student to Chaperone ratio must be 15:1 for overnight trips. An equal number of male/female chaperones is suggested for overnight trips.

Please check one: Overnight Trip Day Trip

| CALL LIST: | | Last Name | Phone No. |
|--------------|--|------------------|----------------|
| School | | Coach | |
| Activity | | Coach | |
| Date of Trip | | Coach | |
| Destination | | Principal | |
| Game Time | | Trans Supervisor | McRae 764-7197 |
| Bus Driver | | # of Students | |
| Bus Number | | # of Chaperones | |

| Chaperone Names: | M | F | M | F |
|------------------|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Trip Itinerary - must include rest & meal stops (attach additional sheets if necessary)

Circle one:

| | | |
|-----------------|------------|-------|
| Depart _____ | Time _____ | AM/PM |
| Arrive at _____ | Time _____ | AM/PM |
| Depart _____ | Time _____ | AM/PM |
| Arrive at _____ | Time _____ | AM/PM |
| Depart _____ | Time _____ | AM/PM |
| Arrive at _____ | Time _____ | AM/PM |
| Depart _____ | Time _____ | AM/PM |
| Arrive at _____ | Time _____ | AM/PM |
| Depart _____ | Time _____ | AM/PM |
| Arrive at _____ | Time _____ | AM/PM |
| Depart _____ | Time _____ | AM/PM |
| Arrive at _____ | Time _____ | AM/PM |
| Depart _____ | Time _____ | AM/PM |
| Arrive at _____ | Time _____ | AM/PM |

This trip is approved: _____
Signature of Superintendent/Designee
Date

If trip is not approved, form will be returned to coach with reason for disapproval or memo requesting additional information.