Katy Independent School District

TRAVEL REQUEST
OUTSIDE 100 MILE RADIUS
ATHLETIC TRANSPORTATION INFORMATION
(Request MUST be made 21 days before tournament)

CONTEST INFORMATION (Coach must complete)

School: □ KHS □ THS □ MCHS □ CRHS □ MRHS □ SLHS

Sport:
□ Baseball □ Basketball – B & G □ Cross Country □ Football
□ Volleyball □ Golf – B & G □ Soccer – B & G □ Softball
□ Swimming □ Tennis □ Track – B & G □ Wrestling
□ Other

Tournament/Opponent Name _____ **Entry Fee $**_____

Day & Date(s) of Tournament _____ (Only one school day may be missed)

Site Location/Address _____

_____

Coach's Signature _____ **Date of Report** _____

Type of Transportation Needed _____ (Must be paid by Booster Club or Individual Athlete)

Site of Lodging _____ (Must be paid by Booster Club or Individual Athlete)
****MEALS MUST BE PAID BY BOOSTER CLUB OR INDIVIDUAL ATHLETE****

Anticipated Departure from KISD _____ _____
Day/Date Time

Anticipated Return to KISD _____ _____
Day/Date Time

Anticipated Team Release Time _____

Number Students Participating _____

APPROVAL

□ Approved □ Disapproved **Date** _____
Athletic Coordinator _____

□ Approved □ Disapproved **Date** _____
Principal _____

□ Approved □ Disapproved **Date** _____
Executive Director of Athletics for KISD _____

Attach Bracket to this form for Approval

Copy for: Coach
Copy for: Athletic Director
Copy for: Campus Principal