



TRAVEL REQUEST

OUTSIDE 100 MILE RADIUS/OVERNIGHT ATHLETIC TRANSPORTATION INFORMATION

REQUEST MUST BE MADE TO ATHLETIC BUSINESS OFFICE 21 DAYS IN ADVANCE

CONTEST INFORMATION

SCHOOL (Circle one): CRHS JHS KHS MCHS MRHS OTHS PHS SLHS THS

SPORT (Circle one):

- | | | | |
|------------------|--------------------|-----------------------|-----------|
| BASEBALL | BASKETBALL – B / G | CROSS-COUNTRY – B / G | FOOTBALL |
| VOLLEYBALL | GOLF – B / G | SOCCER – B / G | SOFTBALL |
| SWIMMING – B / G | TENNIS – B / G | TRACK – B / G | WRESTLING |
| OTHER _____ | | | |

TOURNAMENT/OPPONENT NAME _____ ENTRY FEE \$ _____

DAY/DATE OF TOURNAMENT/EVENT _____

SITE LOCATION/ADDRESS _____

NAME OF COACH(S) ATTENDING _____ DATE _____

LODGING INFORMATION

SITE NAME/LOCATION/ADDRESS _____

PRACTICE SITE INFORMATION

SITE NAME/LOCATION/ADDRESS _____

TRANSPORTATION

ANTICIPATED DEPARTURE – DAY _____ DATE _____ TIME _____ AM / PM

ANTICIPATED RETURN - DAY _____ DATE _____ TIME _____ AM / PM

ANTICIPATED TEAM CAMPUS RELEASE TIME _____ AM / PM

NUMBER OF STUDENTS PARTICIPATING – BOYS _____ GIRLS _____

ANTICIPATED MODE OF TRANSPORTATION (Circle one):

- KISD BUS CHARTER BUS RENTAL CAR/SUV OTHER _____

APPROVAL

PRINCIPAL _____ DATE _____

CAC _____ DATE _____

DIRECTOR OF ATHLETICS _____ DATE _____