



**Southern Lehigh School District  
Overnight Athletic Trip Request Form**

Team:

Date Request Submitted:

Dates of Overnight Trip:

Reason for Trip:

Destination:

Method of Transportation:

Number of Students \_\_\_\_\_ Number of Staff \_\_\_\_\_

How will students be grouped for supervision? \_\_\_\_\_

How is the trip being financed? \_\_\_\_\_

Other Notes/Comments:

Name of Person Completing Form:

Signature of Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Coach Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Athletics Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Approval: \_\_\_\_\_ Date: \_\_\_\_\_