



Bishop Manogue Catholic High School

EDUCATING THROUGH FAITH, LEADERSHIP, KNOWLEDGE, AND COMPASSIONSM

APPROVAL REQUEST FOR OVERNIGHT/NON DIVISION 1 FIELD TRIP

School: _____ Coach: _____

Sport: _____ Who is in Charge? _____

Activity: _____
(Conference, Musical Performance, etc.)

Departure (date and time): _____ Return (date and time): _____

Purpose: _____

Has there been previous participation in the same event? _____

Who is going? _____
(Band, Club, Class, Team, etc.)

How many are going? _____ Boys _____ Girls

What is the student/chaperone ratio (minimum of 10 to 1 - adjust to individual trip)? _____

Chaperones (should be appropriate to boy/girl composite)? _____ Male _____ Female

Where are they going? _____
(Exact location, City or Area)

What type of transportation? _____ Proof of Insurance Coverage: _____

What type of housing/accommodations? _____

What is the estimated total cost? _____ What is the individual cost? _____

Who is responsible for the cost? _____
(Individual students, club, team, etc.)

Itinerary (please attach)

Head Coach Date

Athletic Director/Administrator Date

Principal Date

President Date