

Rhinebeck Central School District

REQUEST FOR ATHLETIC / FIELD TRIPS



THE BUSINESS OFFICE: Tom Beisswenger X5527

FIRST STUDENT: 845-204-9960

Today's Date: _____ Sport/Club/Grade: _____

Trip Date: _____ Day (circle): Mon Tues Wed Thurs Fri Sat Sun

Time of Departure **from** School: _____

Destination: _____

Time of Departure **from** Trip Site: _____

CHANGES:

Date: _____ Time: _____

Locations: _____

Requestor's Initials: _____ Transporter's Initials: _____

Total Number to be Transported: _____ (# of students: _____ # of adults: _____)

Requestor (print name): _____ Date: _____

Building Principal/Athletic Director Signature: _____ Date: _____

Building Administrator Approval: _____ Date: _____

To be used by District or Contractor

Please use below section for cancellation notification or other notes/information