Rhinebeck Central School District
REQUEST FOR ATHLETIC / FIELD TRIPS

THE BUSINESS OFFICE  SUE CROSS  X5527
TOTAL TRANSPORTATION  FAX 204-9659  PHONE 204-9660

Today's Date:  _________  Sport:  ________________________________
Trip Date:  _________  Day:  ______________
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:  _____)
Building Principal/Athletic Director Signature:  ________________________________  Date:  ____________

Business Administrator Approval:  ________________________________  Date:  ____________

To be used by District or Contractor
please use below section for cancellation notification or other notes/information

Revised 5/18