

Activities Director: Dale Ewart

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**Due: 7 days prior to trip**



**Palmer High Activities**

**Bus Request**

Phone: 746-8424

Fax: 746-8484



**Trip Date:** \_\_\_\_\_ **Activity:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Reason for Trip:** \_\_\_\_\_

\_\_\_\_\_

**Requester:** \_\_\_\_\_ **Account:** \_\_\_\_\_

**Origin of trip:** \_\_\_\_\_

**Departure time:** \_\_\_\_\_ **Return Time:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Arrival Time:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Departure Time:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Number of Buses requested:** \_\_\_\_\_ **Number of Coaches/Chaperones:** \_\_\_\_\_

**Number of athletes/managers/cheerleaders/students:** \_\_\_\_\_

**Contact Info:**

**Name:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Housing Needed:** Yes No **Number of rooms Needed** \_\_\_\_\_

*Additional Comments/notes:*

Received: \_\_\_\_\_