

Admin Signature _____

Today's Date _____

Must be submitted 14 days prior to travel date.

CAR/SUV Travel Request Form

submit to: Kaile Calder

- HHS Suburban
- District SUV
- Private Vehicle (*see below)
- Rental Car

Person Making Request: _____ Cell Phone # _____

Destination: _____

City/State

Location of Activity

Purpose of Trip: _____ Date & Time Event Starts: _____

Depart Date: _____ Depart Time (time you want to leave HHS) _____

Arrival Time (time you get to destination) _____

Return Date: _____ Depart Time (time you will leave activity location) _____

Arrival Time (time you get to HHS) _____

HHS Account Name (if unsure check with Daniel): _____

If requesting District Suburban - Date/time you would like to pick up that vehicle?
District cars cannot be taken home over night

Vehicle Pick-up Date _____ Vehicle Pick-up Time _____

#Adults _____ (if no students traveling)

#Students _____ & #Chaperones: _____ (A Suburban holds 8 people total)

NAMES OF ADULTS/CHAPERONES:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Private Vehicle(s):** (please fill this in if Kaile does not have your vehicle info on file)

Driver _____	Make _____	Model _____	VIN# _____
Driver _____	Make _____	Model _____	VIN# _____

HHS Hotel Reservation Request

Please note that itineraries are now required prior to booking all overnight student travel. All of the students' time must be accounted for

Total hotel rooms needed #

Double Queen rooms needed # King rooms needed #

Date(s) you need a hotel:

of nights:

Do you have a hotel preference?

Address/City for hotel preference:

District # or HHS Account Name *(how student rooms are being paid)*:

District # or HHS Account Name *(how teacher/coach rooms are being paid)*:

Hotel

Hotel Address

Hotel Phone #

Confirmation # Room Rate \$