

Overnight Requests

School Year _____

Name of organization, team, club, class:

Tentative dates of overnight:

Purpose:

Location of overnight:

Approximate number of students: _____

After approval of overnights, you must provide all agendas, transportation information, number of chaperones, list of participants, costs, incident/accidents reports and a follow-up report to the building administrator.

Signature of Sponsoring Teacher/Person: _____