

ROGERS PUBLIC SCHOOLS ATHLETIC TRAVEL & ITINERARY REQUEST - VARSITY ONLY

Travel Type: Regular Season Overnight Post Season Overnight

Name of Coach: _____ School: _____ Sport: _____

Departure Date: _____ Return Date: _____

Event: _____ Event Site: _____

Physical Address of Event Site: _____

Desired Place of Lodging: _____

(Hotel name, physical address, phone number, contact person if known)

Number of Rooms Needed (Provide Rooming List Below): _____

Per Diem Needed: Adults: _____

Students: _____

Adult rates - breakfast \$8, lunch \$9, dinner \$17, day \$34

Student rates - breakfast \$6, lunch \$8, dinner \$12, day \$26

Name of Adults: _____

ROOMING LIST

Room 1	_____	_____	_____	_____
Room 2	_____	_____	_____	_____
Room 3	_____	_____	_____	_____
Room 4	_____	_____	_____	_____
Room 5	_____	_____	_____	_____
Room 6	_____	_____	_____	_____
Room 7	_____	_____	_____	_____
Room 8	_____	_____	_____	_____
Room 9	_____	_____	_____	_____
Room 10	Bus Driver(s)	_____	_____	_____

If more rooms are needed, add to sheet

Athletic Director Approval: _____

Date: _____