

Student Group Travel

District Smyrna School District
School _____
Contact _____
Group Traveling _____

Departure Date _____ MM/DD/YYYY
Departure Time _____ Ex: 8:00 AM
Return Date _____ MM/DD/YYYY
Return Time _____ Ex: 3:30 PM

Destination Name _____
Physical Address _____
City _____ **State** _____ **Zip Code** _____
Trip Type _____

Sponsor
First Name _____ **Last Name** _____
Organization _____ **Title** _____
Address 1 _____ **Address 2** _____
City _____ **State** _____ **Zip Code** _____
Home Phone _____ (999)-999-9999
Working Cell Phone that will be accessible during the trip: _____ (999)-999-9999
Email _____

Chaperones

Lodging
Hotel _____ **Phone** _____ (999)999-9999

Mode of Travel

Itinerary
