

School	Organization/Club Grade Level	Sponsor/Teacher
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Event/Activity: _____

Sponsored by: (Ex. U.I.L) _____

Location: _____

Date(s): _____

Purpose/Educational Value: _____

Overnight: Yes No If yes, a CCISD Travel Itinerary Form and official event flyer/agenda must be included

Number of Students Attending: Boys _____ Girls _____
Attach list of all participants and official capacity of each student in attendance.

Adult Chaperones:

Professionals	Paraprofessionals	Parents

Transportation (please check one):

District Supplied Private Vehicle

If a private vehicle(s) is/are to be used, please provide details on Alternative Student Travel for School Event Form(s)

Funding

Account Number(s):

Cost Campus Budget:

Cost District Budget :

Cost Activity Budget:

\$ _____ # _____ / _____

\$ _____ # _____ / _____

\$ _____ # _____ / _____

Approximate Cost to the District: _____

Sponsor: _____ Date: _____

Principal: _____ Date: _____

Budget Manager: _____ Date: _____

Education Support Center: _____ Date: _____