OVERNIGHT AND TRANSPORTATION ITINERARY
TOOELE COUNTY SCHOOL DISTRICT

Group: _____ Advisor/ Coach: _____
Dates: _____ Destination: _____

ROOM ASSIGNMENTS

Room 1: _____ _____
_____ _____
_____ _____

Room 2: _____ _____
_____ _____
_____ _____

Room 3: _____ _____
_____ _____
_____ _____

Room 4: _____ _____
_____ _____
_____ _____

Room 5: _____ _____
_____ _____
_____ _____

Room 6: _____ _____
_____ _____
_____ _____

Room 7: _____ _____
_____ _____
_____ _____

Room 8: _____ _____
_____ _____
_____ _____

TYPE OF TRANSPORTATION

District: ☐ District Bus ☐ Charter Bus ☐ Suburban ☐ Car

Private Carrier: ☐ LeBus ☐ Other (Please Indicate) _____

Airline: Airline Carrier: _____
Departure Date & Time: _____
Return Date & Time: _____

ITINERARY

Attach a detailed itinerary of each day's activities – including meals and free time.

DATE SUBMITTED TO PRINCIPAL: ____/ ____/ ____