



# GALLUP-McKINLEY COUNTY SCHOOLS

## OVERNIGHT, FOUR CORNERS AND OUT OF STATE APPROVAL FORM

TRIP NAME: _____	OVERNIGHT	NM, CO, AZ, UT	OTHER
TRIP DESTINATION: _____	DEPARTING LOCATION: _____		
DEPARTURE DATE: _____	RETURN DATE: _____		
TRIP DEPARTURE TIME: _____ AM PM	RETURN TIME: _____ AM PM		
NUMBER OF STUDENTS ATTENDING: _____	NUMBER OF SUPERVISING ADULTS: _____		
TRANSPORTATION TYPE: SCHOOL BUS	ACTIVITY BUS (IF AVAILABLE)	NUMBER OF BUSES: _____	SUV

BUDGET CODE: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

EDUCATIONAL OBJECTIVE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRIP CONTACT**

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SPECIAL NOTES AND OR TRIP REQUIREMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED BY: \_\_\_\_\_

MIKE HYATT, SUPERINTENDENT

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

SCHOOL BOARD PRESIDENT / MEMBER

DATE: \_\_\_\_\_

DATE ENTERED INTO TRIP DIRECT: \_\_\_\_\_ TRIP NUMBER: \_\_\_\_\_ INITIAL: \_\_\_\_\_