

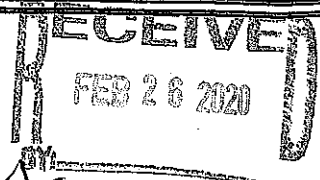
# AUGUSTA SCHOOL DEPARTMENT

## Out-of-State, Overnight, Out-of-Country Student Activity Travel Request

Office Use Only:	
On Board Agenda (Date)	
Approved	YES or NO

This form must be completed and submitted to the superintendent's office at least one week prior to the regularly scheduled board meeting (second Wednesday of each month).

### CONTACT INFORMATION



DATE OF REQUEST: 2/24/20 SCHOOL: CATC  
 REQUEST BY (name of student group): ProStart team - Culinary Arts  
 CONTACT PERSON: Heidi Parent CONTACT PHONE: 626-2475  
 NUMBER OF STUDENTS: 5  
 CHAPERONES: Heidi Parent

NAME OF EVENT: ProStart regional competition  
 EDUCATIONAL REASON FOR TRIP: compete in regionals before competing @ Nationals

### TRIP INFORMATION

Overnight  Out-of-State  Out-of-Country  
 DATE(S) OF TRAVEL: 4/3/2020 - 4/4/2020  
 LOCATION (City & State/Country): Concord, NH/USA  
 MEANS OF TRANSPORTATION: First student vans (2) ESTIMATED COSTS: \_\_\_\_\_  
 ACCOMMODATIONS: hotel paid for by ProStart; meals will be paid for through Activity account + gas  
 IF SCHOOL TRANSPORTATION IS NEEDED, INDICATE NUMBER OF MILES: \_\_\_\_\_

### FUNDING

Indicate here if group will be paying own way through fund raisers, self-pay, etc.:  
TBD  
 Operating budget account # \_\_\_\_\_ Amount: \_\_\_\_\_  
 Student activity account # \_\_\_\_\_ Amount: \_\_\_\_\_  
 Donated by: \_\_\_\_\_ Amount: \_\_\_\_\_

### Approved

By: [Signature] Date: 2/26/20 BY: [Signature] Date: 2/26/20  
 Administrator-in-Charge James N. Anastasio, Superintendent of Schools