**EPISD COACHES TRAVEL DETAIL**

**(Please type in your information in the white spaces provided next to each title)**

|  |  |
| --- | --- |
| **School:** |  |
| **Sport:** |  |
| **Travel Dates:** |  |
| **Name of Tournament:** |  |
| **Destination:** |  |
| **Hotel 1: mandatory Name:** |  |
|  **Phone #:** |  |
|  **Address:** |  |
| **Hotel 2: optional Name:** |  |
|  **Phone #:** |  |
|  **Address:** |  |
| **Hotel 3: optional Name:** |  |
|  **Phone #:** |  |
|  **Address:** |  |
| **Names of traveling coaches:** |  |
|  |  |
|  |  |
|  |  |
| **Number of students traveling:** |  |
| **Total Entry Fee Amount:** |  |
| **School or Athletics funded Trip:** |  |
| **Mode of transportation:** |  |
|  **Specific Charter pick-up location:** |  |
| **Departure Time:** |  |
| **Other Campuses Traveling:** |  |
| **Departure Time:** |  |

**Trip Required Paperwork:**

**Travel Request Forms**

**Rooming list**

**Proof of Entry Fee**

**\*Please fill out all shaded areas if they apply to your trip Date received by Athletics ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_**