Bill Crothers Secondary School SPORT EVENT – ON-LINE PAYMENT INFORMATION

Sport Events that are not overnight trips but require payment for participation.

Step 1: Trip Details – Who – What – Where – When and How Submission Date:

Teacher(s) Name(s)		
Event Name:		i.e. (Team Name – Tournament Name, etc)
Destination	Address: .	
Date	Dista	ance One Way km.
Mode of Transportation: (bus/taxi/parer	nts/public transit)	No. of Students
Grade		
Team Name:event to - ie team list,)	_ Please be sure to attach	a list of students who you are offering the
Departure Date	Departure	e Time:
Time to Depart Venue	Return Tc	BCSS:
during field trip)		nclude a cell # (for emergency contact
Step 2: Cost of Trip/Event - obtain		ems – prior to submitting request.
Obtain Estimated Cost for Transport		
Bus /Taxi/Public Transit	_ Entrance to Event:	Misc. Cost: (Meal cost etc. Please specify)

*Please do not quote final cost to students until posted on School Cash On-Line.

Total Cost ______ divided by _____ (no. of students = Estimated Cost to Student _____

Step 3: Details

Itinerary
Sporting event, please indicate venue and type of competition. Include any information that you want shared with parents.

Step 4: Submit for Approval

Submitted By	Coach's Signature	Date	
	Department Head	Date	
Approved By			
Date			
Principal of Scho	ol		

Important Notes:

You will be notified by email when your field trip has been approved by Administration and posted to *Cash On-line. (*only if a payment is required). If there is no payment required, please ensure that permission forms are completed in hard copy form and given to students for parent signature and return, prior to your trip.

All students are expected to depart and return to school with staff supervisor(s) using the approved transportation indicated in this request. Any variations must be approved by administration 2 weeks prior to trip date.

An attendance list with actual participants must be submitted to Leslie (attendance) prior to departing, on the day of the event.

Original Teacher and/or Dept. Head – Attach Copy 1- Vice Principal and/or Main Office