KLONDIKE ISD STUDENT AND SPONSOR TRAVEL (Please email to Principal *at least two (2) days* in advance of activity.)

EVE				DATE							
Time Leaving Date					e and	and Time Returning					L
Overnight? Yes No			I	lo. of rooms Room Ra					e	\$	
		Student's	Name					S	tudent's Na	me	
1		Student's	(unic			21		2			
2						22					
3						23					
4						24					
5						25					
6						26					
7						20					
8						28					
9						20					
10						30					
10						31					
12						32					
13						33					
14						34					
15						35					
16						36					
17						37					
18						38					
19						39					
20						40					
Sponsors											
1		•									
2											
3											
4											
5											
6											
7											
Meal		District		ost District			eg/State				
Break (leave b	fast efore 7:30 a.m.)	\$6.00	\$7	7.00		\$	8.00				
Lunch (leave b	efore 11:00 a.m.)	\$8.00	\$1	10.00		\$	12.00				
Dinne		\$11.00	\$1	15.00		\$	19.00				
Need VISA card: Yes No				E	ating a	nt concessio	on stand	I: Yes	_No_		
Approval											
Principal Date											-
Comments											