

**CLEAR CREEK INDEPENDENT SCHOOL DISTRICT
TRAVEL ITINERARY
(REQUIRED FOR ALL OVERNIGHT TRIPS)**

EXHIBIT E

Organization: _____ School: _____

Date: _____ Sponsor: _____

Location of Activities: _____

Leaving School (Time) _____ Date: _____

Estimated Arrival (Time) _____ Date: _____

Lodging Hotel/Dorm: _____

Address: _____

Telephone: _____

Telephone at Activity Site: _____

Sponsor's Emergency Cell Phone # _____

Activity Schedule

Day 1: _____

Day 2: _____

Day 3: _____

Day 4: _____

Leaving Activity Site (Time) _____ Date: _____

Returning to School (Time) _____ Date: _____

Sponsor: _____ Date: _____