



Conference Request Form

Date: _____

Organization Name: _____

Person(s) representing organization: _____

E-mail & phone # of contact: _____

Date(s) of Conference: _____

Location of Conference: _____

Number of students attending the conference: _____

Will you need lodging? _____ Yes _____ No

If yes, please specify the name & address of the hotel:

Will you need a vehicle? _____ Yes _____ No

If yes, please specify how many vehicles: _____

If no, please specify your method of transportation: _____

Total Estimated Costs vs. Amount Requested:

Registration: \$ _____

Lodging: \$ _____

Transportation \$ _____

Other \$ _____

Total \$ _____

Explain how this conference will benefit the organization.

Supervisor Signature

Director Signature

Return this completed form to the Director of Sports & Recreation Services.