

Sacramento City Unified School District
OVERNIGHT TRIPS
HOTEL ACCOMMODATIONS INFORMATION

Hotel Name _____ **Date Reserved** ____/____/____

Address _____ **City,** _____ **zip** _____

Reservations Contact Person: _____

Telephone # _____ **Fax #** _____

Total Rooms Reserved: _____

Room #s: _____

Reservation Dates: ____/____/____ - ____/____/____

Signed _____
Teacher

Approvals:

_____/____/____
Principal Date

_____/____/____
Segment Administrator Date