

**CCS TEAM SPORTS--
TRAVEL SUBSIDY FORM**

(for teams participating in CCS Play-offs)
Due no later than 10 days after last game

California Interscholastic Federation
Central Coast Section

Governance of H.S. Athletic Programs
from San Francisco to King City

SCHOOL NAME _____

ATTENTION ATHLETIC DIRECTORS:

- Please complete, sign and submit this form to CCS **no later than 10 days** from the date of your team's last CCS contest. Travel subsidy forms received after 10 days from your last date of participation in CCS Play-offs will **NOT** be reimbursed.
- Do **NOT** use this form for Football (use *Football Travel Subsidy Form*)
- Travel subsidy is approved by the Board of Managers for TEAM SPORTS only, as reflected in the list below.
- A subsidy of \$.41/mile, round-trip, from school site to school site will be paid for each vehicle used to transport your team to a CCS Play-off contest. A maximum of four (4) vehicles used to transport team members, coaches and necessary team assistants (e.g. managers, trainers, stats, etc.) will be subsidized.
- **Bus Travel** — If a bus is necessary, it will be subsidized at the rate equivalent to four (4) vehicles -- \$1.64/mile.
- **Basketball ONLY** — for all rounds prior to Quarter-Finals — Submit this form to the HOST school(s) where your game(s) is being played, **AT THE TIME OF THE GAME**. Forms submitted after that time will not be honored by the host school. For games beginning with CCS Quarter-Finals through Finals, submit this form **no later than 10 days** following your last CCS contest as described in the first bullet above.
- Athletic Directors are expected to monitor this subsidy program to ensure appropriate, valid expenditures are submitted.
- **INCLUDE ONLY ONE TEAM PER FORM**— Duplicate as needed.

PLEASE CIRCLE ONE BELOW

BASEBALL	FIELD HOCKEY	SOCCER	VOLLEYBALL
BASKETBALL	TEAM GOLF	SOFTBALL	WATER POLO
X-COUNTRY TEAM	GYMNASTICS TEAM	TENNIS TEAM	Boys? Girls?

1. Date of Contest _____ Site: _____

Auto Round Trip Mileage _____ X \$.41/mile= _____ X _____ # cars = \$ _____ OR

Bus Round Trip Mileage _____ X \$1.64/mile= _____ X ONE bus = \$ _____

2. Date of Contest _____ Site: _____

Auto Round Trip Mileage _____ X \$.41/mile= _____ X _____ # cars = \$ _____ OR

Bus Round Trip Mileage _____ X \$1.64/mile= _____ X ONE bus = \$ _____

3. Date of Contest _____ Site: _____

Auto Round Trip Mileage _____ X \$.41/mile= _____ X _____ # cars = \$ _____ OR

Bus Round Trip Mileage _____ X \$1.64/mile= _____ X ONE bus = \$ _____

4. Date of Contest _____ Site: _____

Auto Round Trip Mileage _____ X \$.41/mile= _____ X _____ # cars = \$ _____ OR

Bus Round Trip Mileage _____ X \$1.64/mile= _____ X ONE bus = \$ _____

TOTAL DUE \$ _____

The above information is accurate and travel subsidy is hereby requested on behalf of my school.

AD Signature _____ Date _____

Due no later than 10 days after your school's last CCS contest -- CCS FAX # 408-224-0476