

Escorted Activity Request

Approved By: _____

Purpose of Activity/Trip: _____

Sponsor/Staff: _____

Date of Activity/Trip: _____

Approximate Time Out/In: _____ / _____

Sack Lunches Required: _____

Special Vehicle Needs: _____

Inmate Name*	DOC Number	Level	Room Number	Time-Out	Time-In

*If the above is full, use an additional page.

Sponsor Signature/Time Out: _____ / _____

Sponsor Signature/Time In: _____ / _____

Facility Head Approval: _____