

**Trip Request Form**

**NOTE: For trips requiring Board approval (all overnight trips), this form must be routed through the Principal and Superintendent and to the Board at least one (1) week prior to the next regularly scheduled Board meeting. For other trips, submit this form to the Principal at least two (2) weeks prior to the trip.**

SCHOOL Trigg High FACULTY MEMBER(S) SPONSORING TRIP Coach Steven

TYPE OF TRIP (Check one):  
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_  
☐ Organization/Club Trip (specify) \_\_\_\_\_ ☒ Other (athletic, band, if applicable) Wrestling

DESTINATION Father Ryan ADDRESS 700 Norwood Dr Nash. TN PHONE (615) 883-4200  
☒ Out-of-State ☐ Out-of-County ☐ Within-County 37204  
☒ Overnight (Give name, address, phone of lodging) Brentwood Suites 622  
Church Street Brentwood TN, 37027

DATE(S) OF TRIP Jan 4 Jan 5 DEPARTURE TIME 8 Am RETURN TIME 10 Pm

PURPOSE/EDUCATIONAL VALUE Wrestling

SOURCE OF FUNDING FOR TRIP Booster

BILL TRIP EXPENSES TO: ☐ Sponsoring Organization ☐ School Council ☐ Board ☒ Other (Specify) Wrestling Booster

PARTICIPANTS  
 Number of Students 15 Faculty Sponsors 1 Other Chaperones 2 Total # of Participants 18

TRANSPORTATION  
 Is District transportation needed? ☐ No ☒ Yes (See Procedure 09.36 AP.212)  
☐ Bus ☒ Other Board-owned/insured vehicle van  
☐ Private Vehicle(s) List drivers: \_\_\_\_\_

Notification to parents/guardians that private vehicles are to be used? ☒ Yes ☐ No

☐ Certificated Common Carrier (Specify) \_\_\_\_\_

SUPERVISION (Attach list of names of adults accompanying students on trip.)  
 Have all chaperones undergone the required records check and been designated by the Principal/Designee to supervise students? ☐ Yes ☐ No

Ralph Steven 10-15-18  
 Faculty Sponsor's Signature Date  
Shawn R 10-25-18  
 Principal's Signature Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

\_\_\_\_\_  
 Superintendent/Designee's Signature Date

The Board must approve overnight trips.

Date of Board approval: \_\_\_\_\_ Order Number: \_\_\_\_\_

Review/Revised:1/27/05