2019 Lady Rebel Softball Game Schedule

Date	Opponent	Location	Time
March 9	Hart Co (Scrimmage)	TCCHS	1:00 PM
March 18	McLean Co	McLean Co	6:00 PM
March 19	Butler Co	Butler Co	6:00 PM
March 21	Bowling Green	TCCHS	6:00 PM
March 22	Barren Co	TCCHS	5:30 PM
March 25	University Heights	TCCHS	5:30 PM
March 26	Logan Co	TCCHS	5:30 PM
March 28	Hopkinsville	TCCHS	5:30 PM
March 30	All A Classic	Monroe Co	TBA
Possible Ot	her All-A Tournament Game	s- Date, Location, Tim	e TBA
April 9	Franklin-Simpson	TCCHS	5:30 PM
April 11	Hopkinsville	Hopkinsville	5:30 PM
April 13	Glasgow	TCCHS	11:00 AM
April 16	Russellville	Russellville	5:30 PM
April 19	Glasgow	Glasgow	6:00 PM
April 22	Butler Co	TCCHS	6:00 PM
April 23	Logan Co	Logan Co	5:30 PM
April 25	University Heights	University Heights	5:30 PM
April 26	Edmonson Co (Double Header)	Edmonson Co	6:00 PM
April 27	Hickman Co (Double-	TCCHS	12:00 PM
-	Header)		
April 30	Franklin-Simpson	Franklin-Simpson	5:30 PM
May 2	Hopkins Co Central	TCCHS	6:00 PM
May 3	Muhlenberg Co	Muhlenberg Co	5:30 PM
May 7	Russellville	TCCHS	5:30 PM
May 9	Hopkins Co Central	Hopkins Co Central	6:00 PM
May 10	Bowling Green	Bowling Green	6:00 PM
May 13	McLean Co	TCCHS	6:00 PM
May 18	Ohio Co	TCCHS	2:00 PM

District Tournament Week of May 19 - May 25 at Logan County

Regional Tournament Week of May 26 - June 1 at Western Kentucky University

State Tournament Week of June 2 - June 8 at Owensboro, KY - Jack Fisher Park

Date of Request: January	3, 2019 Da	ate of Event: March 18, 2019
Organization: TCCHS	Softball	School: TCCHS
	Number of Passengers: 2	5
Type of Trip (Circle One)		
☐ In-County Instructional	☐ In-County Athletic	☐ Other: (Explain in detail
☐ Out-of-County Instructional	Out-of-County Athletic	
☐ Out-of-State Instructional	☐ Out-of-State Athletic	
Returning location: TCCHS Annex Chaperone(s): Brandi Francies, Mary B Special Requests (Check One Van Wheelchair A If requesting the van, has the person dri Person Driving Van	Date of Departure: 3/18/19 Date of Return 3/18/19 Beth Ray Chaperone's Photocessible	Time of Departure 4:00 PM Time of Return 10:00 PM
	District Use Only	
Section 2		
Approval of District Representative		Date
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DRIVER – TUI Section 3	RN THIS FORM IN WIT	H TIMESHEETS
Date/Time Departure:		Odometer Start:
Date/Time Return:		Odometer End:
I hereby certify that the above informat		
Driver Signature		Date
Driver Comments:		
Coach or School Representative Signatu	are	Date
		Review/Revised:4/9/2019

Date of Request: January 3, 2019		Date of Event: March 19, 2019	
Organization: TCCHS Softball		School: TCCHS	
	Number of Passenger	rs: 25	
Type of Trip (Circle One)			
☐ In-County Instructional	☐ In-County Athletic	☐ Other: (Explain in detail	
☐ Out-of-County Instructional	Out-of-County Ath	letic	
☐ Out-of-State Instructional ☐ Out-of-State Athletic			
	Butler County High School Date of Departure: 3/19 Date of Return: 3/19/19	/19 Time of Departure 4:00 PM	
		s Phone # 270-878-0143, 270-604-3586	
Special Requests (Check One		*	
		onitor	
		approved to drive? □Yes □No (Check one)	
Person Driving Van		quested By: Brandi Francies	
Organization Responsible for Payment Approval of Site Based Council Repres	centative 10 (11	Date	
Approval of Site Based Council Reple	senianve June	Date	
Section 2	District Use Only	y	
Approval of District Representative		Date	
	RN THIS FORM IN V	VITH TIMESHEETS	
Section 3			
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Date/Time Return:	79 7 3 3 4 4 5 4 4 5 5 1 4 5 5 5 5 5 5 5 5 5 5 5	Odometer End:	
I hereby certify that the above information	tion is correct to the bes	t of my knowledge.	
Driver Signature		Date	
Driver Comments:			
Coach or School Representative Signat	ture		
		Review/Revised:4/9/2018	

Date of Request: January 3, 2019		Date of Event: March 30, 2019
Organization: TCCHS Softball		School: TCCHS
	Number of Passengers:	25
Type of Trip (Circle One)		
☐ In-County Instructional	☐ In-County Athletic	☐ Other: (Explain in detail
☐ Out-of-County Instructional	12	a = = = = = = = = = = = = = = = = = = =
☐ Out-of-State Instructional	☐ Out-of-State Athletic	
787 S	Monroe County (All A Cla Date of Departure: 3/30/19 Date of Return: 3/30/19	
Chaperone(s): Brandi Francies, Mary E	Beth Ray Chaperone's P	Phone # 270-878-0143, 270-604-3586
If requesting the van, has the person dr Person Driving Van	iving been certified and ap Trip Reque	nitor □ Other (Explain in Detail) oproved to drive? □Yes □No (Check one) ested By: Brandi Francies Date
Approval of Site Based Council Repres	sentative Notes	Date
Section 2	District Use Only	
Approval of District Representative		Date
DRIVER – TU	RN THIS FORM IN WI	TH TIMESHEETS
Section 3		
Date/Time Departure:		
Date/Time Return:		Odometer End:
I hereby certify that the above informat	ion is correct to the best o	f my knowledge.
Driver Signature		Date
Driver Comments:		
Coach or School Representative Signat	ure	Date
		Review/Revised:4/9/2018

Date of Request: January 3, 2019	Date of Event: April 11, 2019
Organization: TCCHS Softball	School: TCCHS
Number of Passenge	rs: 25
Type of Trip (Circle One)	
☐ In-County Instructional ☐ In-County Athletic	c □ Other: (Explain in detail
☐ Out-of-County Instructional • Out-of-County Ath	
☐ Out-of-State Instructional ☐ Out-of-State Athle	
Destination (Event, City, and State)): Hopkinsville High Scho Planned Stops to and from: N/A Departing location: TCCHS Annex Date of Departure: 4/11/19 Returning location: TCCHS Annex Date of Return: 4/11/19 Chaperone(s): Brandi Francies, Mary Beth Ray Chaperone'	Time of Departure: 4:15 PM Time of Return: 9:00 PM
If requesting the van, has the person driving been certified and Person Driving Van Trip Recordant Companization Responsible for Payment Approval of Site Based Council Representative	quested By: Brandi Francies
District Use Onl Section 2	
Approval of District Representative	Date
DRIVER – TURN THIS FORM IN V	WITH TIMESHEETS
Date/Time Departure:	
Date/Time Return:	Odometer End:
I hereby certify that the above information is correct to the bes	st of my knowledge.
Driver Signature	Date
Driver Comments:	

Date of Request: January	y 3, 2019	Date of Event: April 16, 2019
Organization: TCCHS Softball		School: TCCHS
	Number of Passengers:	25
Type of Trip (Circle One)		
☐ In-County Instructional	☐ In-County Athletic	☐ Other: (Explain in detail
☐ Out-of-County Instructional	 Out-of-County Athlet 	The state of the s
☐ Out-of-State Instructional	☐ Out-of-State Athletic	
100 C C C C C C C C C C C C C C C C C C	Date of Departure: 4/16/19 Date of Return: 4/16/19	Time of Return: 9:00 PM
Special Requests (Check One		
If requesting the van, has the person dr Person Driving Van Organization Responsible for Payment Approval of Site Based Council Repres	iving been certified and ap Trip Reque	itor □ Other (Explain in Detail) proved to drive? □Yes □No (Check one) ested By: Brandi Francies Date
Section 2	District Use Only	
Approval of District Representative		Date
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Date/Time Departure:		
Date/Time Return:	eww.	Odometer End:
I hereby certify that the above informat	ion is correct to the best o	f my knowledge.
Driver Signature		Date
Driver Comments:		
Coach or School Representative Signat	ure	Date
		Review/Revised:4/0/2019

Date of Request: January 3, 2019		Date of Event: April 19, 2019
Organization: TCCHS Softball		School: TCCHS
	Number of Passengers:	25
Type of Trip (Circle One)		
☐ In-County Instructional	☐ In-County Athletic	☐ Other: (Explain in detail
☐ Out-of-County Instructional	Out-of-County Athlet	2
☐ Out-of-State Instructional	☐ Out-of-State Athletic	
Destination (Event, City, and State)): Planned Stops to and from: N/A	Glasgow High School (160	1 Columbia Avenue)
Departing location: TCCHS Annex	Date of Departure: 4/19/19	
Returning location: TCCHS Annex	Date of Return: 4/19/19	Time of Return: 10:00 PM
Chaperone(s): Brandi Francies, Mary Special Requests (Check One	Beth Ray Chaperone's P.	hone # 270-878-0143, 270-604-3586
	Accessible	itor □ Other (Explain in Detail)
		proved to drive? \(\subseteq \text{Yes} \subseteq \text{No (Check one)} \)
Person Driving Van		ested By: Brandi Francies
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Approval of Site Based Council Repro	esentative Leatel	Date
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Section 2	District Use Only	
Approval of District Representative _		Date
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Section 3		
Date/Time Departure:		
Date/Time Return:		Odometer End:
I hereby certify that the above information	ation is correct to the best of	f my knowledge.
Driver Signature		Date
Driver Comments:		
Coach or School Representative Signa	iture	
		Review/Revised·4/9/2018

Date of Request: January 3, 2019		Date of Event: April 23, 2019
Organization: TCCHS Softball		School: TCCHS
	Number of Passengers:	25
Type of Trip (Circle One)		
☐ In-County Instructional	☐ In-County Athletic	☐ Other: (Explain in detail
☐ Out-of-County Instructional	Out-of-County Athlet	## A
☐ Out-of-State Instructional	☐ Out-of-State Athletic	
Returning location: TCCHS Annex Chaperone(s): Brandi Francies, Mary E Special Requests (Check One Van Wheelchair A If requesting the van, has the person dr Person Driving Van	Date of Departure: 4/23/19 Date of Return: 4/23/19 Beth Ray Chaperone's P ccessible	Time of Departure: 4:15 PM Time of Return: 9:00 PM hone # 270-878-0143, 270-604-3586 itor
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		Date
DRIVER – TU Section 3 Date/Time Departure: Date/Time Return: I hereby certify that the above informat	RN THIS FORM IN WI	TH TIMESHEETS Odometer Start: Odometer End:
Driver Signature		Date
Driver Comments:		
Coach or School Representative Signat	ure	Date
		Review/Revised:4/9/2018

Date of Request: January 3, 2019	Date of Event: April 25, 2019
Organization: TCCHS Softball	School: TCCHS
Number of Passenger	rs: 25
Type of Trip (Circle One)	
☐ In-County Instructional ☐ In-County Athletic	D Other: (Explain in detail
☐ Out-of-County Instructional • Out-of-County Ath	
☐ Out-of-State Instructional ☐ Out-of-State Athle	etic
Destination (Event, City, and State)): University Heights Acad Planned Stops to and from: N/A	
Departing location: TCCHS Annex Date of Departure: 4/25	•
Returning location: TCCHS Annex Date of Return: 4/25/19 Chaperone(s): Brandi Francies, Mary Beth Ray Chaperone's Special Requests (Check One	s Phone # 270-878-0143, 270-604-3586
□ Van □ Wheelchair Accessible □ Other: M	
If requesting the van, has the person driving been certified and	
	quested By: Brandi Francies
Organization Responsible for Payment Approval of Site Based Council Representative	Date
District Use Onl	
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Approval of District Representative	Date
DRIVER – TURN THIS FORM IN V	WITH TIMESHEETS
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Date/Time Return:	Odometer End:
I hereby certify that the above information is correct to the bes	at of my knowledge.
I hereby certify that the above information is correct to the bes	

Date of Request: January 3, 2019	Date of Event: April 26, 2019
Organization: TCCHS Softball	School: TCCHS
Number of Passengers	s: 25
Type of Trip (Circle One)	
☐ In-County Instructional ☐ In-County Athletic	☐ Other: (Explain in detail
☐ Out-of-County Instructional • Out-of-County Athl	M. ■ NO QUESTION
☐ Out-of-State Instructional ☐ Out-of-State Athlet	
Destination (Event, City, and State)): Edmonson County High Stanned Stops to and from: N/A Departing location: TCCHS Annex Date of Departure: 4/26/	School
Returning location: TCCHS Annex Date of Return: 4/26/19	Time of Beparture: 3.43 FM Time of Return: 10:00 PM
Chaperone(s): Brandi Francies, Mary Beth Ray Chaperone's Special Requests (Check One	Phone # 270-878-0143, 270-604-3586
□ Van □ Wheelchair Accessible □ Other: Mo	3 (8)
If requesting the van, has the person driving been certified and a	
· ·	uested By: Brandi Francies
Organization Responsible for Payment Approval of Site Based Council Representative	Date
	The second second second
District Use Only Section 2	
Approval of District Representative	Date
DRIVER - TURN THIS FORM IN W	VITH TIMESHEETS
Date/Time Departure:	Odometer Start:
Date/Time Return:	
I hereby certify that the above information is correct to the best	of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	
	Review/Revised:4/9/2018

Date of Request: January 3, 2019		Date of Event: April 30, 2019
Organization: TCCHS	Softball	School: TCCHS
	Number of Passengers:	25
Type of Trip (Circle One)		
☐ In-County Instructional	☐ In-County Athletic	☐ Other: (Explain in detail
☐ Out-of-County Instructional	 Out-of-County Athle 	
☐ Out-of-State Instructional	☐ Out-of-State Athletic	
Destination (Event, City, and State)): I Planned Stops to and from: N/A Departing location: TCCHS Annex	Franklin-Simpson High Sc Date of Departure: 4/30/1	
Returning location: TCCHS Annex	Date of Return: 4/30/19	Time of Return: 10:00 PM
Chaperone(s): Brandi Francies, Mary I	Beth Ray Chaperone's I	Phone # 270-878-0143, 270-604-3586
Special Requests (Check One ☐ Van ☐ Wheelchair A	Accessible	nitor ☐ Other (Explain in Detail)
1971 Mark W. C.	·	pproved to drive? □Yes □No (Check one)
Person Driving Van		ested By: Brandi Francies
Organization Responsible for Payment		Date
Section 2	District Use Only	
Approval of District Representative		Date
DRIVER - TU	RN THIS FORM IN WI	TH TIMESHEETS
Section 3		
Date/Time Departure:		
Date/Time Return:		Odometer End:
I hereby certify that the above informa	tion is correct to the best of	of my knowledge.
Driver Signature		Date
Driver Comments:		
Coach or School Representative Signar	ture	
		Review/Revised:4/9/2018

Date of Request: January 3	3, 2019	Date of Event: May 3, 2019
Organization: TCCHS Softball		School: TCCHS
1	Number of Passengers:	25
Type of Trip (Circle One)		
☐ In-County Instructional	☐ In-County Athletic	☐ Other: (Explain in detail
☐ Out-of-County Instructional	Out-of-County Athlet	
☐ Out-of-State Instructional ☐	☐ Out-of-State Athletic	
Destination (Event, City, and State)): Mul Planned Stops to and from: N/A	hlenberg County High S	School
	te of Departure: 5/3/19	
	te of Return: 5/3/19	Time of Return: 10:00 PM
Chaperone(s): Brandi Francies, Mary Betl Special Requests (Check One	h Ray Chaperone's P	Phone # 270-878-0143, 270-604-3586
The state of the s	essible	itor
		proved to drive? □Yes □No (Check one)
Person Driving Van		ested By: Brandi Francies
Organization Responsible for Payment		
Approval of Site Based Council Represen	tative Leatel	Date
Section 2	District Use Only	
Approval of District Representative		Date
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Date/Time Departure: Date/Time Return:	THE STATE OF THE S	Odometer Start:Odometer End:
	A self-time to the self	Odometer End.
I hereby certify that the above information	is correct to the best o	f my knowledge.
Driver Signature		Date
Driver Comments:		
Coach or School Representative Signature		Date
		Review/Revised:4/9/2018

Date of Request: January 3, 2019		Date of Event: May 9, 2019
Organization: TCCHS Softball		School: TCCHS
	Number of Passengers: 2	5
Type of Trip (Circle One)		9
☐ In-County Instructional	☐ In-County Athletic	☐ Other: (Explain in detail
☐ Out-of-County Instructional	Out-of-County Athleti	
☐ Out-of-State Instructional	☐ Out-of-State Athletic	
Destination (Event, City, and State)): It Planned Stops to and from: N/A Departing location: TCCHS Annex	Hopkins County Central Hig Date of Departure: 5/9/19	
	Date of Return: 5/9/19	Time of Return: 10:00 PM
Chaperone(s): Brandi Francies, Mary I Special Requests (Check One	Beth Ray Chaperone's Ph	one # 270-878-0143, 270-604-3586
	Accessible Other: Moni	, 1
		proved to drive? Yes No (Check one)
Person Driving VanOrganization Responsible for Payment		ted By: Brandi Francies
Approval of Site Based Council Repre	sentative Surface	Date
Section 2	District Use Only	
Approval of District Representative		Date
DRIVER – TU	RN THIS FORM IN WIT	TH TIMESHEETS
Section 3		
Date/Time Departure:		Odometer Start:
Date/Time Return:		Odometer End:
I hereby certify that the above informa	tion is correct to the best of	my knowledge.
Driver Signature		Date
Driver Comments:		
Coach or School Representative Signa	ture	Date
		Review/Revised·4/9/2018

Date of Request: January 3, 2019		te of Event: May 10, 2019
Organization: TCCHS Softball		School: TCCHS
	Number of Passengers: 25	
Type of Trip (Circle One)		
☐ In-County Instructional	☐ In-County Athletic	☐ Other: (Explain in detail
☐ Out-of-County Instructional	 Out-of-County Athletic 	
☐ Out-of-State Instructional	☐ Out-of-State Athletic	
Destination (Event, City, and State)): Planned Stops to and from: N/A	Bowling Green High School	
Departing location: TCCHS Annex	Date of Departure: 5/10/19	Time of Departure: 4:00 PM
Returning location: TCCHS Annex	Date of Return: 5/10/19	Time of Return: 10:00 PM
Chaperone(s): Brandi Francies, Mary Special Requests (Check One	Beth Ray Chaperone's Pho	ne # 270-878-0143, 270-604-3586
	Accessible	r □ Other (Explain in Detail)
		oved to drive? Yes No (Check one)
Person Driving Van		ed By: Brandi Francies
Organization Responsible for Paymen	nt	
Organization Responsible for Paymen Approval of Site Based Council Repre	esentative Suttle	Date
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Approval of District Representative _	e de la companya del la companya de	Date
	URN THIS FORM IN WITH	ITIMESHEETS
Section 3		
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Date/Time Return:		Odometer End:
I hereby certify that the above information	ation is correct to the best of n	ny knowledge.
Driver Signature		Date
Driver Comments:		
Coach or School Representative Signa	ature	Date
		Review/Revised:4/9/2018