

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 Other All-A Tournament Games- Date, Location, Time 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-Header)	TCCHS	12:00 PM
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

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event.)

Date of Request: January 3, 2019

Date of Event: March 18, 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): McLean County High School

Planned Stops to and from: N/A

Departing location: TCCHS Annex Date of Departure: 3/18/19 Time of Departure 4:00 PM

Returning location: TCCHS Annex Date of Return 3/18/19 Time of Return 10:00 PM

Chaperone(s): Brandi Francies, Mary Beth Ray Chaperone's Phone # 270-878-0143, 270-604-3586

Special Requests (Check One)

- Van Wheelchair Accessible Other: Monitor Other (Explain in Detail)

If requesting the van, has the person driving been certified and approved to drive? Yes No (Check one)

Person Driving Van _____ Trip Requested By: Brandi Francies

Organization Responsible for Payment _____

Approval of Site Based Council Representative Brandi Francies Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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 _____ Date _____

Review/Revised:4/9/2018

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event.)

Date of Request: January 3, 2019

Date of Event: March 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 Athletic
- Out-of-State Instructional Out-of-State Athletic

Destination (Event, City, and State): Butler County High School

Planned Stops to and from: N/A

Departing location: TCCHS Annex Date of Departure: 3/19/19 Time of Departure 4:00 PM

Returning location: TCCHS Annex Date of Return: 3/19/19 Time of Return 10:00 PM

Chaperone(s): Brandi Francies, Mary Beth Ray Chaperone's Phone # 270-878-0143, 270-604-3586

Special Requests (Check One)

- Van Wheelchair Accessible Other: Monitor Other (Explain in Detail)

If requesting the van, has the person driving been certified and approved to drive? Yes No (Check one)

Person Driving Van _____ Trip Requested By: Brandi Francies

Organization Responsible for Payment _____

Approval of Site Based Council Representative *Brandi Francies* Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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 _____ Date _____

Review/Revised:4/9/2018

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event.)

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 Out-of-County Athletic
- Out-of-State Instructional Out-of-State Athletic

Destination (Event, City, and State): Monroe County (All A Classic Semi-Finals/Finals)

Planned Stops to and from: N/A

Departing location: TCCHS Annex Date of Departure: 3/30/19 Time of Departure: TBD

Returning location: TCCHS Annex Date of Return: 3/30/19 Time of Return: TBD

Chaperone(s): Brandi Francies, Mary Beth Ray Chaperone's Phone # 270-878-0143, 270-604-3586

Special Requests (Check One)

- Van Wheelchair Accessible Other: Monitor Other (Explain in Detail)

If requesting the van, has the person driving been certified and approved to drive? Yes No (Check one)

Person Driving Van _____ Trip Requested By: Brandi Francies

Organization Responsible for Payment _____

Approval of Site Based Council Representative *Brandi Francies* Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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 _____ Date _____

Review/Revised:4/9/2018

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event.)

Date of Request: January 3, 2019

Date of Event: April 11, 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): Hopkinsville High School

Planned Stops to and from: N/A

Departing location: TCCHS Annex Date of Departure: 4/11/19

Time of Departure: 4:15 PM

Returning location: TCCHS Annex Date of Return: 4/11/19

Time of Return: 9:00 PM

Chaperone(s): Brandi Francies, Mary Beth Ray Chaperone's Phone # 270-878-0143, 270-604-3586

Special Requests (Check One)

- Van Wheelchair Accessible Other: Monitor Other (Explain in Detail)

If requesting the van, has the person driving been certified and approved to drive? Yes No (Check one)

Person Driving Van _____

Trip Requested By: Brandi Francies

Organization Responsible for Payment _____

Approval of Site Based Council Representative *Brandi Francies* Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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 _____ Date _____

Review/Revised:4/9/2018

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event.)

Date of Request: January 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 Athletic
- Out-of-State Instructional Out-of-State Athletic

Destination (Event, City, and State): Russellville High School

Planned Stops to and from: N/A

Departing location: TCCHS Annex Date of Departure: 4/16/19

Time of Departure: 4:30 PM

Returning location: TCCHS Annex Date of Return: 4/16/19

Time of Return: 9:00 PM

Chaperone(s): Brandi Francies, Mary Beth Ray Chaperone's Phone # 270-878-0143, 270-604-3586

Special Requests (Check One)

- Van Wheelchair Accessible Other: Monitor Other (Explain in Detail)

If requesting the van, has the person driving been certified and approved to drive? Yes No (Check one)

Person Driving Van _____

Trip Requested By: Brandi Francies

Organization Responsible for Payment _____

Approval of Site Based Council Representative Brandi Francies Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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 _____ Date _____

Review/Revised:4/9/2018

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event.)

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 Athletic
- Out-of-State Instructional Out-of-State Athletic

Destination (Event, City, and State): Glasgow High School (1601 Columbia Avenue)

Planned Stops to and from: N/A

Departing location: TCCHS Annex Date of Departure: 4/19/19 Time of Departure: 3:30 PM

Returning location: TCCHS Annex Date of Return: 4/19/19 Time of Return: 10:00 PM

Chaperone(s): Brandi Francies, Mary Beth Ray Chaperone's Phone # 270-878-0143, 270-604-3586

Special Requests (Check One)

- Van Wheelchair Accessible Other: Monitor Other (Explain in Detail)

If requesting the van, has the person driving been certified and approved to drive? Yes No (Check one)

Person Driving Van _____

Trip Requested By: Brandi Francies

Organization Responsible for Payment _____

Approval of Site Based Council Representative Brandi Francies Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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 _____ Date _____

Review/Revised:4/9/2018

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event.)

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 Athletic
- Out-of-State Instructional
- Out-of-State Athletic

Destination (Event, City, and State): Logan County High School

Planned Stops to and from: N/A

Departing location: TCCHS Annex

Date of Departure: 4/23/19

Time of Departure: 4:15 PM

Returning location: TCCHS Annex

Date of Return: 4/23/19

Time of Return: 9:00 PM

Chaperone(s): Brandi Francies, Mary Beth Ray

Chaperone's Phone # 270-878-0143, 270-604-3586

Special Requests (Check One)

- Van
- Wheelchair Accessible
- Other: Monitor
- Other (Explain in Detail)

If requesting the van, has the person driving been certified and approved to drive? Yes No (Check one)

Person Driving Van _____

Trip Requested By: Brandi Francies

Organization Responsible for Payment _____

Approval of Site Based Council Representative _____

Brandi Francies
_____ Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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 _____ Date _____

Review/Revised:4/9/2018

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event.)

Date of Request: January 3, 2019

Date of Event: April 25, 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): University Heights Academy

Planned Stops to and from: N/A

Departing location: TCCHS Annex Date of Departure: 4/25/19 Time of Departure: 4:15 PM

Returning location: TCCHS Annex Date of Return: 4/25/19 Time of Return: 9:00 PM

Chaperone(s): Brandi Francies, Mary Beth Ray Chaperone's Phone # 270-878-0143, 270-604-3586

Special Requests (Check One)

- Van Wheelchair Accessible Other: Monitor Other (Explain in Detail)

If requesting the van, has the person driving been certified and approved to drive? Yes No (Check one)

Person Driving Van _____ Trip Requested By: Brandi Francies

Organization Responsible for Payment _____

Approval of Site Based Council Representative *Brandi Francies* Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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 _____ Date _____

Review/Revised:4/9/2018

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event.)

Date of Request: January 3, 2019

Date of Event: April 26, 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): Edmonson County High School

Planned Stops to and from: N/A

Departing location: TCCHS Annex Date of Departure: 4/26/19 Time of Departure: 3:45 PM

Returning location: TCCHS Annex Date of Return: 4/26/19 Time of Return: 10:00 PM

Chaperone(s): Brandi Francies, Mary Beth Ray Chaperone's Phone # 270-878-0143, 270-604-3586

Special Requests (Check One)

- Van Wheelchair Accessible Other: Monitor Other (Explain in Detail)

If requesting the van, has the person driving been certified and approved to drive? Yes No (Check one)

Person Driving Van _____ Trip Requested By: Brandi Francies

Organization Responsible for Payment _____

Approval of Site Based Council Representative *Brandi Francies* _____ Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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 _____ Date _____

Review/Revised:4/9/2018

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event.)

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 Athletic
- Out-of-State Instructional
- Out-of-State Athletic

Destination (Event, City, and State): Franklin-Simpson High School

Planned Stops to and from: N/A

Departing location: TCCHS Annex Date of Departure: 4/30/19 Time of Departure: 4:00 PM

Returning location: TCCHS Annex Date of Return: 4/30/19 Time of Return: 10:00 PM

Chaperone(s): Brandi Francies, Mary Beth Ray Chaperone's Phone # 270-878-0143, 270-604-3586

Special Requests (Check One)

- Van
- Wheelchair Accessible
- Other: Monitor
- Other (Explain in Detail)

If requesting the van, has the person driving been certified and approved to drive? Yes No (Check one)

Person Driving Van _____ Trip Requested By: Brandi Francies

Organization Responsible for Payment _____

Approval of Site Based Council Representative *Brandi Francies* Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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 _____ Date _____

Review/Revised:4/9/2018

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event.)

Date of Request: January 3, 2019

Date of Event: May 3, 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): Muhlenberg County High School

Planned Stops to and from: N/A

Departing location: TCCHS Annex Date of Departure: 5/3/19 Time of Departure: 3:45 PM

Returning location: TCCHS Annex Date of Return: 5/3/19 Time of Return: 10:00 PM

Chaperone(s): Brandi Francies, Mary Beth Ray Chaperone's Phone # 270-878-0143, 270-604-3586

Special Requests (Check One

- Van Wheelchair Accessible Other: Monitor Other (Explain in Detail)

If requesting the van, has the person driving been certified and approved to drive? Yes No (Check one)

Person Driving Van _____ Trip Requested By: Brandi Francies

Organization Responsible for Payment _____

Approval of Site Based Council Representative *Brandi Francies* _____ Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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 _____ Date _____

Review/Revised:4/9/2018

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event.)

Date of Request: January 3, 2019

Date of Event: May 9, 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): Hopkins County Central High School

Planned Stops to and from: N/A

Departing location: TCCHS Annex

Date of Departure: 5/9/19

Time of Departure: 4:00 PM

Returning location: TCCHS Annex

Date of Return: 5/9/19

Time of Return: 10:00 PM

Chaperone(s): Brandi Francies, Mary Beth Ray Chaperone's Phone # 270-878-0143, 270-604-3586

Special Requests (Check One)

- Van Wheelchair Accessible Other: Monitor Other (Explain in Detail)

If requesting the van, has the person driving been certified and approved to drive? Yes No (Check one)

Person Driving Van _____

Trip Requested By: Brandi Francies

Organization Responsible for Payment _____

Approval of Site Based Council Representative *Brandi Francies* _____ Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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 _____ Date _____

Review/Revised:4/9/2018

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event.)

Date of Request: January 3, 2019

Date 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): Bowling Green High School

Planned Stops to and from: N/A

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 Beth Ray Chaperone's Phone # 270-878-0143, 270-604-3586

Special Requests (Check One)

- Van
- Wheelchair Accessible
- Other: Monitor
- Other (Explain in Detail)

If requesting the van, has the person driving been certified and approved to drive? Yes No (Check one)

Person Driving Van _____

Trip Requested By: Brandi Francies

Organization Responsible for Payment _____

Approval of Site Based Council Representative _____

Brandi Francies _____
 Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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 _____ Date _____

Review/Revised:4/9/2018