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 TCHS		EMBER(S) SPONSO	
TYPE OF TRIP (Check one):	Cong Coste,	Matt Wilder,	I'm Bush
☐ Classroom Field Trip ☐ Class	Trip (i.e.,	junior, senior)	, specify
Organization/Club Trip (specify)			if applicable)
DESTINATION Memorial Gym/ 210 0	15 th Ave 5, Mashun	'Me, TN 37240	A ddress
	n-County		
□ Overnight (Give	name, address,	phone of	lodging)
DATE(S) OF TRIP 2/17/19 8:00 PM	DEPARTURE TIM	TE 12100 PM T	RETURN TIME
Purpose/Educational Team Building Activity		-H	VALUE
Source Gils Basketball	FUNDING	FOR	TRIP
BILL TRIP EXPENSES TO: - Sponsoring All expenses creluding +	Organization School (Council 🗷 Board 🗖	Other (Specify)
PARTICIPANTS	_	2	
Number of Students 18 Faculty Sponso	ors <u> </u>	rones 5 Total #	of Participants
TRANSPORTATION			
Is District transportation needed?	No Yes (See Procedure	09.36 AP.212)	
❷ Bus □ Other Board-own □ Private	Vehicle(s)	List	drivers:
		e:	
Notification to parents/guardians t	hat privatë vehicles are to b	e used? Yes No	
□ Certificated	Common	Carrier	(Specify)
Supervision (Attach list of names of adults at Have all chaperones undergone Principal/Designee to supervise stuc	the required records c	p.) heck and been desig	gnated by the
Corey Call	2/1/19	Date	