



DANVILLE

Baseball

Feel the Weight of the Anchor

Danville Baseball Trip **April 9-11, 2020**

The Danville Baseball Team would like to request permission for an overnight trip this coming Spring. We have been invited to attend the Dr. Lynn Weaver Memorial Tournament at West Knoxville High School in Knoxville TN. Address for West Knoxville High School is 3300 Sutherland Ave. Knoxville TN 37919. If approved we would be going April 9-11 and would be playing 3-4 Varsity games and 1-2 JV games during this trip. Opponents and times are still TBA for this event. The Danville Baseball Booster Club will be fundraising to pay for the hotel and charter bus for the team. If approved the charter bus company we will be using is Wombles Transportation, their phone number is 859-887-4611. The Baseball Booster Club has not yet reserved the bus, but we do have a quote from them. We have also received a quote from the Holiday Inn Express West Knoxville for the team to stay at during the tournament. We will wait to book the rooms until trip is approved. Address for the hotel is Holiday Inn Express West Knoxville, 6324 Papermill Dr. NW, Knoxville TN 37919 and their phone number is 865-824-9030. This trip will be supervised by the Danville Baseball Coaching staff, Paul Morse, Barry Arnold, Josh Loughry, Doug Simpson, CJ Lynn, Andrew Lasure and Terry Pitman. Once the trip is finalized I will turn in a full itinerary to Mrs. Fisher and Mr. Elmore.

Thanks

Paul Morse
Head Baseball Coach
Danville High School

Overnight/Out of State Trip Request Form

Submit request no later than the Thursday before the monthly school board work session. If less than two weeks, explain _____

SCHOOL Choose an item. NAME OF FACULTY SPONSOR Paul Morse MOBILE # 000-000-0000
859-326-1131

TRIP DETAILS: ☒ Local In County ☐ Out of County

DESTINATION: Knoxville TN COMPLETE ADDRESS West Knoxville High School
3300 Sutherland Ave.

☒ Overnight ☒ Out of state (Board approval required for overnight and out of state trips.)

LODGING Holiday Inn Express ADDRESS 6324 Poppenmill Dr, NW CITY Knoxville

STATE TN PHONE 865-824-9030

DATE(S) OF TRIP April 9-11, 2020 DEPARTURE TIME 10:00 RETURN TIME 10:00

PURPOSE/EDUCATIONAL VALUE Baseball Tournament Dr. Lynn Weaver Memorial Tournament

NUMBER OF PARTICIPANTS Students: 20-25 Faculty Sponsors: 7 Chaperones: 7 TOTAL 26-32

Names of Adult Chaperones: Paul Morse, Josh Loughry, Barry Arnold, Andrew Lasure, Doug Simpson

STUDENT HEALTH NEEDS (Consult with school nurse or designee for participant health needs.) Terry Pitman
CS Lynn

☐ Health Plans Provided for Trip: School Nurse or Designee Signature _____

FOOD SERVICE NEEDS (Consult with cafeteria manager.)

Travel Lunches Requested (Put zero if none needed.) Cafeteria Manager Signature 0

REQUESTED MODE OF TRANSPORTATION

☐ DISTRICT BUS (Follow Policy 09.36) SPECIFIC DRIVER (pending availability)

☒ CERTIFIED COMMON CARRIER (Board approval required) SPECIFY Womble's Transportation

☐ BOARD-OWNED VEHICLE (District approval required) DRIVER _____

STUDENT PICK-UP LOCATION DHS Baseball Field

FUNDING SOURCE (list organization for billing purposes) No student shall be denied the trip because of inability to pay.

School Choose an item. Club or Organization DHS Athletics (list sport) Baseball

Other _____

Faculty Sponsor's Signature Paul Morse Date 9/20/19

APPROVAL – SCHOOL ADMINISTRATOR (Principal /Designee or Athletic Director)

☒ Approved ☐ Not Approved Reason _____

Principal/Designee Signature [Signature] Date 9.20.19

School Bookkeeper Signature _____ Munis _____ Date _____

(Upon approval, send original to central office transportation supervisor. Keep duplicate for records.)

APPROVAL – BOARD OF EDUCATION (for overnight and/or out of state requests ONLY)

☐ Approved ☐ Not Approved Reason _____

Board Chair/Superintendent Signature _____ Date _____

(Upon approval, send completed form to district transportation supervisor)

APPROVAL – TRANSPORTATION MANAGER

☐ Approved ☐ Not Approved Reason _____

Driver Assigned _____ Bus Number _____

Transportation Manager Signature _____ Date _____

Special Instructions (if any) _____

After approval or non-approval, transportation department shall provide a copy of this form to requesting sponsor.

☐ Original – District Transportation Dept. ☐ Copy to District Finance Dept. ☐ Copy to School Bookkeeper