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: 9/26/2022 Date of Event: 11/12/2022 Organization: TCMS Girl's Basketball **School: Todd County Middle School** Number of Passengers: 40 Type of Trip (Check One) ☐ In-County Instructional ☐ In-County Athletic ☐ Other: (Explain In Detail) ☐ Out-of-County Instructional x Out-of-County Athletic ☐ Out-of-State Instructional ☐ Out-Of-State Athletic Destination (Event, City, and State): Buchanon Park, 9222 Nashville Road, Bowling Green, KY 42101 Planned Stops To and From: N/A Departing Location: TCMS Date of Departure: 11/12/2022 Time of Departure: 4:30 p.m. Returning Location: TCMS Date of Return: 11/12/2022 Time of Return: 9:30 p.m. Chaperone/s: George Riddick Chaperone's Phone: (270) 305-2782 Special Requests (Check One) □Wheelchair Accessible ☐ Monitor □Van ☐ 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: Click here to enter text. Trip Requested By: George Riddick Organization Responsible for Payment: SBDM Athletic Travel Date 18/10/22 Approval of Site Based Council Representative DISTRICT USE ONLY Section 2 Approval of District Representative DRIVER - TURN THIS FORM IN WITH TIMESHEETS Section 3 Date/Time of Departure: Odometer Start: \_\_\_ Date/Time of 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 \_\_\_\_

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: 9/26/2022 Date of Event: 11/15/2022 Organization: TCMS Girl's Basketball **School: Todd County Middle School** Number of Passengers: 40 Type of Trip (Check One) □In-County Instructional ☐ In-County Athletic ☐ Other: (Explain In Detail) ☐Out-of-County Instructional x Out-of-County Athletic ☐ Out-of-State Instructional ☐ Out-Of-State Athletic Destination (Event, City, and State): Bowling Green High, 900 Campbell Lane, Bowling Green, KY 42104 Planned Stops To and From: N/A Departing Location: TCMS Date of Departure: 11/15/2022 Time of Departure: 4:00 p.m. Returning Location: TCMS Date of Return: 11/15/2022 Time of Return: 9:30 p.m. Chaperone/s: George Riddick Chaperone's Phone: (270) 305-2782 Special Requests (Check One) □Van ☐Wheelchair Accessible ☐ Monitor ☐ Other: (Explain In Detail) If requesting the Van, has the person driving been certified and approved to drive? 

Yes 
No (Check One) Trip Requested By: George Riddick Person Driving Van: Click here to enter text. Organization Responsible for Payment: SBDM AthleMc Travel Approval of Site Based Council Representative DISTRICT USE ONLY Section 2 Approval of District Representative Section 3 **DRIVER - TURN THIS FORM IN WITH TIMESHEETS** Odometer Start: Date/Time of Departure: \_\_\_\_ Date/Time of 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

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: 9/26/2022 Date of Event: 11/19/2022 Organization: TCMS Girl's Basketball School: Todd County Middle School Number of Passengers: 40 Type of Trip (Check One) ☐ Other: (Explain In Detail) ☐ In-County Instructional ☐ In-County Athletic ☐ Out-of-County Instructional x Out-of-County Athletic ☐ Out-of-State Instructional ☐ Out-Of-State Athletic Destination (Event, City, and State): South Marshall Middle School, 2211 US 641 South, Benton, KY 42025 Planned Stops To and From: N/A Departing Location: TCMS Date of Departure: 11/19/2022 Time of Departure: 9:00 a.m. Returning Location: TCMS Date of Return: 11/19/2022 Time of Return: 3:00 p.m. Chaperone/s: George Riddick Chaperone's Phone: (270) 305-2782 Special Requests (Check One) □Van ☐ Wheelchair Accessible □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: Click here to enter text. Trip Requested By: George Riddick Organization Responsible for Payment: SBDM Athl Date 10/05/22 Approval of Site Based Council Representative Section 2 DISTRICT USE ONLY Approval of District Representative **DRIVER – TURN THIS FORM IN WITH TIMESHEETS** Section 3 Date/Time of Departure: Odometer Start: Odometer End: Date/Time of 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 Date

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: 9/26/2022 Date of Event: 11/30/2022 Organization: TCMS Girl's Basketball School: Todd County Middle School Number of Passengers: 40 Type of Trip (Check One) ☐In-County Instructional ☐ In-County Athletic ☐ Other: (Explain In Detail) ☐ Out-of-County Instructional x Out-of-County Athletic ☐ Out-of-State Instructional ☐ Out-Of-State Athletic Destination (Event, City, and State): South Marshall Middle School, 206 Lafayette Street, Cadiz, KY 42211 Planned Stops To and From: N/A Departing Location: TCMS Date of Departure: 11/30/2022 Time of Departure: 4:15 p.m. Returning Location: TCMS Date of Return: 11/30/2022 Time of Return: 9:00 p.m. Chaperone/s: George Riddick Chaperone's Phone: (270) 305-2782 Special Requests (Check One) □ Wheelchair Accessible □Van ☐ Monitor ☐ Other: (Explain In Detail) If requesting the Van, has the person driving been certified and approved to drive? 

\[
\text{\text{\$\subset\$}}\] No (Check One) Person Driving Van: Click here to enter text. Trip Requested By: George Riddick Organization Responsible for Payment: SBDM Athlexic Travel Approval of Site Based Council Representative Section 2 DISTRICT USE ONLY Approval of District Representative Date: **DRIVER - TURN THIS FORM IN WITH TIMESHEETS** Section 3 Date/Time of Departure: Odometer Start: Date/Time of Return: Odometer End: I hereby certify that the above information is correct to the best of my knowledge. Driver Signature \_\_ Date **Driver Comments:** Date \_\_\_\_ Coach or School Representative Signature

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: 9/26/2022 Date of Event: 12/06/2022 Organization: TCMS Girl's Basketball School: Todd County Middle School Number of Passengers: 40 Type of Trip (Check One) ☐ In-County Athletic ☐ Other: (Explain In Detail) ☐ In-County Instructional ☐ Out-of-County Instructional x Out-of-County Athletic ☐ Out-of-State Instructional ☐ Out-Of-State Athletic Destination (Event, City, and State): Hopkinsville Middle School, 434 Koffman Drive, Hopkinsville, KY 42240 Planned Stops To and From: N/A Departing Location: TCMS Date of Departure: 12/6/2022 Time of Departure: 5:00 p.m. Returning Location: TCMS Date of Return: 12/6/2022 Time of Return: 8:30 p.m. Chaperone/s: George Riddick Chaperone's Phone: (270) 305-2782 Special Requests (Check One) ☐ Wheelchair Accessible □Monitor □Van ☐ 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: Click here to enter text. Trip Requested By: George Riddick Date 10/10/22 Organization Responsible for Payment: SBDM Athletic rave Approval of Site Based Council Representative Section 2 DISTRICT USE ONLY Approval of District Representative **DRIVER - TURN THIS FORM IN WITH TIMESHEETS** Section 3 Date/Time of Departure: Odometer Start: Date/Time of 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

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: 9/26/2022 Date of Event: 12/08/2022 Organization: TCMS Girl's Basketball School: Todd County Middle School Number of Passengers: 40 Type of Trip (Check One) ☐ In-County Instructional ☐ In-County Athletic ☐ Other: (Explain In Detail) ☐ Out-of-County Instructional x Out-of-County Athletic ☐Out-of-State Instructional ☐ Out-Of-State Athletic Destination (Event, City, and State): Logan County, 2200 Bowling Green Road, Russellville, KY 42276 Planned Stops To and From: N/A Departing Location: TCMS Date of Departure: 12/8/2022 Time of Departure: 5:00 p.m. Returning Location: TCMS Date of Return: 12/8/2022 Time of Return: 8:30 p.m. Chaperone/s: George Riddick Chaperone's Phone: (270) 305-2782 Special Requests (Check One) □Van ☐Wheelchair Accessible ■ Monitor ☐ Other: (Explain In Detail) If requesting the Van, has the person driving been certified and approved to drive? 

Yes 

No (Check One) Trip Requested By: George Riddick Person Driving Van: Click here to enter text. Organization Responsible for Payment: SBDM Athleti/Travel Approval of Site Based Council Representative **DISTRICT USE ONLY** Section 2 Approval of District Representative Section 3 **DRIVER – TURN THIS FORM IN WITH TIMESHEETS** Odometer Start: Date/Time of Departure: \_\_\_\_\_ Odometer End: Date/Time of Return: I hereby certify that the above information is correct to the best of my knowledge. Date \_\_\_\_ Driver Signature **Driver Comments:** Date \_\_\_ Coach or School Representative Signature \_\_\_\_\_

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: 9/26/2022 Date of Event: 12/12/2022 Organization: TCMS Girl's Basketball School: Todd County Middle School Number of Passengers: 40 Type of Trip (Check One) ☐ In-County Instructional ☐ In-County Athletic □ Other: (Explain In Detail) ☐ Out-of-County Instructional x Out-of-County Athletic ☐ Out-of-State Instructional ☐ Out-Of-State Athletic Destination (Event, City, and State): Russellville Middle, 1101 W. 9th Street, Russellville, KY 42276 Planned Stops To and From: N/A Departing Location: TCMS Date of Departure: 12/12/2022 Time of Departure: 4:30 p.m. Returning Location: TCMS Date of Return: 12/12/2022 Time of Return: 8:30 p.m. Chaperone/s: George Riddick Chaperone's Phone: (270) 305-2782 Special Requests (Check One) □Van □Wheelchair Accessible □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: Click here to enter text. Trip Requested By: George Riddick Organization Responsible for Payment: SBDM Athletic Travel Date 10/18/22 Approval of Site Based Council Representative Section 2 **DISTRICT USE ONLY** Approval of District Representative Date: Section 3 **DRIVER – TURN THIS FORM IN WITH TIMESHEETS** Date/Time of Departure: Odometer Start: Date/Time of 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

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: 9/26/2022 Date of Event: 12/13/2022 Organization: TCMS Girl's Basketball School: Todd County Middle School Number of Passengers: 40 Type of Trip (Check One) ☐ In-County Instructional ☐ In-County Athletic ☐ Other: (Explain In Detail) ☐ Out-of-County Instructional x Out-of-County Athletic ☐Out-of-State Instructional ☐ Out-Of-State Athletic Destination (Event, City, and State): Christian County Middle School, 215 Glass Avenue, Hopkinsville, KY 42240 Planned Stops To and From: N/A Departing Location: TCMS Date of Departure: 12/13/2022 Time of Departure: 4:30 p.m. Returning Location: TCMS Date of Return: 12/13/2022 Time of Return: 8:30 p.m. Chaperone/s: George Riddick Chaperone's Phone: (270) 305-2782 Special Requests (Check One) □Van ☐ Wheelchair Accessible □ Monitor ☐ Other: (Explain In Detail) If requesting the Van, has the person driving been certified and approved to drive? \( \subseteq \text{Yes} \) \( \subseteq \text{No (Check One)} \) Person Driving Van: Click here to enter text. Trip Requested By: George Riddick Organization Responsible for Payment: SBDM Athletis rawd Approval of Site Based Council Representative Section 2 DISTRICT USE ONLY Approval of District Representative Section 3 **DRIVER - TURN THIS FORM IN WITH TIMESHEETS** Date/Time of Departure: \_\_\_\_\_ Odometer Start: Date/Time of 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

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: 9/26/2022 Date of Event: 12/15/2022 Organization: TCMS Girl's Basketball School: Todd County Middle School Number of Passengers: 40 Type of Trip (Check One) ☐ In-County Instructional ☐ In-County Athletic □ Other: (Explain In Detail) ☐ Out-of-County Instructional ☐ Out-of-County Athletic ☐ Out-of-State Instructional x Out-Of-State Athletic Destination (Event, City, and State): Clarksville Academy, 710 North Second Street, Clarksville, TN 37040 Planned Stops To and From: N/A Departing Location: TCMS Date of Departure: 12/15/2022 Time of Departure: TBD Returning Location: TCMS Date of Return: 12/15/2022 Time of Return: TBD Chaperone/s: George Riddick Chaperone's Phone: (270) 305-2782 Special Requests (Check One) □Van □Wheelchair Accessible □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: Click here to enter text. Trip Requested By: George Riddick Organization Responsible for Payment: SBDM Athletic Wavel Date 10/00/22 Approval of Site Based Council Representative Section 2 **DISTRICT USE ONLY** Approval of District Representative Date: Section 3 **DRIVER – TURN THIS FORM IN WITH TIMESHEETS** Odometer Start: Date/Time of Departure: Date/Time of Return: \_\_\_ Odometer End: I hereby certify that the above information is correct to the best of my knowledge. Date Driver Signature **Driver Comments:** Coach or School Representative Signature Date \_\_\_\_

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: 9/26/2022 Date of Event: 12/20/2022 Organization: TCMS Girl's Basketball **School: Todd County Middle School** Number of Passengers: 40 Type of Trip (Check One) ☐ In-County Instructional ☐ In-County Athletic ☐ Other: (Explain In Detail) ☐ Out-of-County Instructional ☐ Out-of-County Athletic ☐ Out-of-State Instructional x Out-Of-State Athletic Destination (Event, City, and State): Jo Bryns, 7025 US Hwy 41, Cedar Hill, TN 37032 Planned Stops To and From: N/A Departing Location: TCMS Date of Departure: 12/20/2022 Time of Departure: 4:30 PM Returning Location: TCMS Date of Return: 12/20/2022 Time of Return: 8:30 PM Chaperone/s: George Riddick Chaperone's Phone: (270) 305-2782 Special Requests (Check One) □Van □Wheelchair Accessible □ 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: Click here to enter text. Trip Requested By: George Riddick Organization Responsible for Payment: SBDM Athlexic/ ravel Date 10/00/02 Approval of Site Based Council Representative DISTRICT USE ONLY Section 2 Approval of District Representative Section 3 **DRIVER – TURN THIS FORM IN WITH TIMESHEETS** Date/Time of Departure: Odometer Start: Date/Time of 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

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: 9/26/2022 Date of Event: 1/3/2022 Organization: TCMS Girl's Basketball School: Todd County Middle School Number of Passengers: 40 Type of Trip (Check One) ☐ Other: (Explain In Detail) ☐ In-County Instructional ☐ In-County Athletic ☐ Out-of-County Instructional ☐ Out-of-County Athletic ☐ Out-of-State Instructional x Out-Of-State Athletic Destination (Event, City, and State): Drakes Creek Middle School, 704 Cypress Wood Lane, Bowling Green, KY 42104 Planned Stops To and From: N/A Departing Location: TCMS Date of Departure: 1/3/2022 Time of Departure: 4:30 PM Returning Location: TCMS Date of Return: 1/3/2022 Time of Return: 9:00 PM Chaperone/s: George Riddick Chaperone's Phone: (270) 305-2782 Special Requests (Check One) □Wheelchair Accessible □ Monitor □Van ☐ 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: Click here to enter text. Trip Requested By: George Riddick Organization Responsible for Payment: SBDM Athletic ravel Date 10/10/22 Approval of Site Based Council Representative Section 2 DISTRICT USE ONLY **Approval of District Representative** Date: DRIVER – TURN THIS FORM IN WITH TIMESHEETS Section 3 Date/Time of Departure: Odometer Start: Date/Time of 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

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

for the event)					
Date of Requ	uest: 8/30/2022	Date of Event:	1/7/2023		
Organization: TCMS Basketball					
School: Todd County Middle School					
Number of Passengers: 40					
Type of Trip (Check One)					
☐In-County Instructional	□In-County A	thletic	☐ Other: (Explain In Detail)		
☐Out-of-County Instructional	x Out-of-Cour	nty Athletic	rtic		
☐ Out-of-State Instructional	ate Instructional Out-Of-State Athle				
Destination (Event, City, and State): Log	an County, 2200 Bowling Gree	n Road, Russellville,	KY 42276		
Planned Stops To and From: N/A					
Departing Location: TCMS Date of Departure: 1/7/2023 Time of Departure: 9:15 AM					
Returning Location: TCMS Date of Retur	n: 1/7/2023 Time of Return: 1	12:30 PM			
Chaperone/s: Drew Pool Chaperone's F	hone: (931) 249-8688				
Special Requests (Check One)					
□Van □Wheelchai	r Accessible	onitor $\square$	Other: (Explain In Detail)		
If requesting the Van, has the person dri	ving been certified and appro	oved to drive? □Ye	s ⊟No (Check One)		
Person Driving Van: Click here to enter text.  Trip Requested By: Drew Pool					
Organization Responsible for Payment: SBDM Athletic Travel  Approval of Site Based Council Representative  Date 10/0/27					
Approval of Site Based Council Represe	ntative / Jay	)	Date _/ _/ _/		
Section 2	DISTRICT US	E ONLY			
Approval of District Representative			Date:		
Section 3	DRIVER - TURN THIS FO	RM IN WITH TIM	ESHEETS		
Date/Time of Departure:	79	Odometer S	tart:		
Date/Time of Return:		Odometer E	ind:		
I hereby certify that the above information	n is correct to the best of my	knowledge.			
Driver Signature			Date		
Driver Comments:					
Coach or School Representative Signatu	ıre	- And the Committee of	Date		

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: 9/26/2022 Date of Event: 1/9/2022 Organization: TCMS Girl's Basketball School: Todd County Middle School Number of Passengers: 40 Type of Trip (Check One) ☐ In-County Instructional ☐ In-County Athletic ☐ Other: (Explain In Detail) ☐ Out-of-County Instructional ☐ Out-of-County Athletic ☐ Out-of-State Instructional x Out-Of-State Athletic Destination (Event, City, and State): Franklin Simpson, 322 S. College Street, Franklin, KY 42134 Planned Stops To and From: N/A Departing Location: TCMS Date of Departure: 1/9/2022 Time of Departure: 4:30 PM Returning Location: TCMS Date of Return: 1/9/2022 Time of Return: 9:00 PM Chaperone/s: George Riddick Chaperone's Phone: (270) 305-2782 Special Requests (Check One) □Van ☐ Wheelchair Accessible □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: Click here to enter text. Trip Requested By: George Riddick Organization Responsible for Payment: SBDM Athleria rave Approval of Site Based Council Representative DISTRICT USE ONLY Section 2 Approval of District Representative DRIVER - TURN THIS FORM IN WITH TIMESHEETS Section 3 Date/Time of Departure: Odometer Start: Date/Time of Return: Odometer End: I hereby certify that the above information is correct to the best of my knowledge. Date \_\_\_\_ Driver Signature \_ **Driver Comments:** Coach or School Representative Signature

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: 8/30/2022 Date of Event: 1/24/2023 Organization: TCMS Basketball School: Todd County Middle School Number of Passengers: 40 Type of Trip (Check One) ☐ In-County Instructional ☐ In-County Athletic ☐ Other: (Explain In Detail) ☐ Out-of-County Instructional x Out-of-County Athletic ☐ Out-of-State Instructional ☐ Out-Of-State Athletic Destination (Event, City, and State): Logan County, 2200 Bowling Green Road, Russellville, KY 42276 Planned Stops To and From: N/A Departing Location: TCMS Date of Departure: 1/24/2023 Time of Departure: 4:30 p.m. Returning Location: TCMS Date of Return: 1/24/2023 Time of Return: 9:30 p.m. Chaperone/s: Drew Pool Chaperone's Phone: (931) 249-8688 Special Requests (Check One) ☐Wheelchair Accessible □Van ☐ 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: Click here to enter text. Trip Requested By: Drew Pool Organization Responsible for Payment; SSDM Athletic Travel Approval of Site Based Council Representative Section 2 DISTRICT USE ONLY Approval of District Representative Section 3 **DRIVER - TURN THIS FORM IN WITH TIMESHEETS** Date/Time of Departure: Odometer Start: Date/Time of 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

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

С	Pate of Request 9/20/22 Date of Even	it Jan. 18-20, 202				
	Organization TCIVIS Beta. Sci	hool TCMS				
	Number of Passengers approxi	imately 50				
Type of Trip (Check One)						
□ In-County Instructional □ In-County Athletic		□Other: (Explain In Detail)				
XOut-of-County Instructional						
□ Out-of-State Instructional	□ Out-Of-State Athletic					
Destination (Event, City, and State): Hyatt	Regency Lexington					
Planned Stops To and From: As needed						
Departing Location: TCMS  Date of Departure: 1/18/23 Time of Departure: 8:15 AM						
Returning Location: TCMS Date of Return	rn: 1/20/ 23. Time of Return: 2:30 PN	A				
Chaperone/s: Lisa Petrie.	aperone/s: Lisa Petrie. Chaperone's Phone #270-498-0452					
Special Requests (Check One)						
□Van	☐ Handicap Access	☐ 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: Click here to enter	text. Trip Requested By: (	Click here to enter text.				
Organization Responsible for Payment TC A	Athletics 1	10/10/22				
Approval of Site Based Council Representative						
	DISTRICT USE ONL	Y				
Section 2						
Approval of District Representative	*********************	Date: Click here to enter a date.				
	DRIVER – TURN THIS FORM IN W	TH TIMESHEETS				
Section 3	\$ar taut	Odamatar Starti Click have to out out and				
Date/Time of Departure: Click here to en		Odometer Start: Click here to enter text.				
Date/Time of Return: Click here to enter text.		Odometer End: Click here to enter text.				
I hereby certify that the above information is	•					
Driver Signature		Date Click here to enter a date.				
Driver Comments: Click here to enter to	≥xt.					
Coach or School Representative Signature		Date Click here to enter a date.				

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 9/20/22 Date of Event June. 23-26, 2023

Organization TCMS Beta. School TCMS

	- 3					
	Number of I	Passengers approximately 50				
Type of Trip (Check One)						
□In-County Instructional		County Athletic	□ Other: (Explain In Detail)			
XOut-of-County Instructional   Out-of-County Athletic		Athletic				
□ Out-of-State Instructional □ Out-Of-S		-Of-State Athletic				
Destination (Event, City, and S	tate): Galt House Louisville, k	(Y Planned Stops To and From	: As needed			
Departing Location: TCMS	ing Location: TCMS Date of Departure: 6/23/23 Time of Departure: 8:00 AM					
Returning Location: TCMS	Date of Return: 6/26/3:00 PM.	Time of Return: 2:30 PIM				
Chaperone/s: Lisa Petrie.	Chaperone's Phone # 270-498-0452					
Special Requests (Check One)	ı					
□Van	□ Handicap Acc	ess	□ Other: (Explain In Detail)			
If requesting the Van, has the p	person driving been certified and ap	proved to drive? □Yes	□No (Check One)			
Person Driving Van: Click here to enter text.  Trip Requested By: Click here to enter text.						
Organization Responsible for P	ayment TC Athletics	$\Omega_{-}$	/び/(の/ み み Date Click here to enter a date.			
Approval of Site Based Council	Representative 7	US Y	Date Click here to enter a date.			
	DIS	STRICT USE ONLY				
Section 2						
Approval of District Representative Date: Click here to enter a						
DRIVER - TURN THIS FORM IN WITH TIMESHEETS						
Section 3						
Date/Time of Departure: Click	here to enter text.	Odome	eter Start: Click here to enter text.			
Date/Time of Return: Click here to enter text.		Odome	ster End: Click here to enter text.			
hereby certify that the above in	nformation is correct to the best of i	my knowledge.				
Driver Signature			Date Click here to enter a date.			
Driver Comments: Click here	to enter text.					
Coach or School Representativ	e Signature		Date Click here to enter a date.			