

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: 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

☒ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-Of-State Athletic

Destination (Event, City, and State): Buchanan 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)

☐ 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

Approval of Site Based Council Representative

Date 10/10/22

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

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: 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

☒ 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)

Person Driving Van: Click here to enter text.

Trip Requested By: George Riddick

Organization Responsible for Payment: SBDM Athletic Travel

Approval of Site Based Council Representative

Date

10/00/22

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 _____

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: 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)

☐ 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): 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 Athletic Travel

Approval of Site Based Council Representative

Date

10/10/22

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 _____

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: 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

☒ 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)

☐ 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

Approval of Site Based Council Representative

Date

10/10/22

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 _____

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: 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 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 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)

☐ 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

Approval of Site Based Council Representative

Date

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 _____

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: 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

☒ 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)

Person Driving Van: Click here to enter text.

Trip Requested By: George Riddick

Organization Responsible for Payment: SBDM Athletic Travel

Approval of Site Based Council Representative

Date

10/10/22

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 _____

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: 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

☒ 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

Approval of Site Based Council Representative

Date

10/18/22

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

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: 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

☒ 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? ☐ Yes ☐ No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By: George Riddick

Organization Responsible for Payment: SDDM Athletic Travel

Approval of Site Based Council Representative

Date

10/10/22

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 _____

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: 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

☒ 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: SEDM Athletic Travel

Approval of Site Based Council Representative

Date

10/6/22

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 _____

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: 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

☒ 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 Athletic Travel

Approval of Site Based Council Representative

Date

10/05/22

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 _____

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: 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)

☐ 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): 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)

☐ 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

Approval of Site Based Council Representative

Date

10/10/22

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 _____

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: 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 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, 2200 Bowling Green 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 Return: 1/7/2023 Time of Return: 12:30 PM

Chaperone/s: Drew Pool Chaperone's Phone: (931) 249-8688

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: Drew Pool

Organization Responsible for Payment: SBDM Athletic Travel

Approval of Site Based Council Representative

Date

10/10/22

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 _____

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: 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

☒ 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 Athletic Travel

Approval of Site Based Council Representative

Date

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

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: 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

☒ 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)

☐ 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: Drew Pool

Organization Responsible for Payment: SSDM Athletic Travel

Approval of Site Based Council Representative

Date 10/10/22

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

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 9/20/22 Date of Event Jan. 18-20, 2023

Organization TCMS Beta. School TCMS

Number of Passengers approximately 50

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

☐ 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: 1/20/ 23. Time of Return: 2:30 PM

Chaperone/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 Athletics

Approval of Site Based Council Representative



Date Click here to enter a date.

10/10/22

DISTRICT USE ONLY

Section 2

Approval of District Representative

Date: Click here to enter a date.

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time of Departure: Click here to enter text.

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 correct to the best of my knowledge.

Driver Signature

Date Click here to enter a date.

Driver Comments: Click here to enter text.

Coach or School Representative Signature

Date Click here to enter a date.

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

Organization TCMS Beta. School TCMS

Number of Passengers approximately 50

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

☐ Out-Of-State Athletic

Destination (Event, City, and State): Galt House Louisville, KY Planned Stops To and From: As needed

Departing 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 PM

Chaperone/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 Athletics

Approval of Site Based Council Representative



10/10/22
Date Click here to enter a date.

DISTRICT USE ONLY

Section 2

Approval of District Representative

Date: Click here to enter a date.

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time of Departure: Click here to enter text.

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 correct to the best of my knowledge.

Driver Signature

Date Click here to enter a date.

Driver Comments: Click here to enter text.

Coach or School Representative Signature

Date Click here to enter a date.