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: 5/17/2023 Date of Event: 6/2/2023 **Organization:**TCMS FOOTBALL School: TCMS Number of Passengers: 30 Type of Trip (Check One) Other: (Explain In Detail) ☐ In-County Athletic ☐ In-County Instructional ☑ Out-of-County Athletic ☐ Out-of-County Instructional ☐ Out-Of-State Athletic ☐ Out-of-State Instructional Destination (Event, City, and State): McCracken County High School, Paducah, KY Planned Stops To and From: Food possibly Departing Location: TCMS Lobby Date of Departure: June 2 Time of Departure: 1:00 PM Returning Location: TCMS Lobby Date of Return: June 2 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?

No (Check One) Person Driving Van: Click here to enter text. Trip Requested By: Steven McGhee Organization Responsible for Payment: Click here to enter text. 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 _

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: 5/22/2023 Date of Event: 11/20/2023

	Date of Request: 5/22/2	UZS Date of Event. 11	1/20/2023		
	Orga	nization: Band Schoo	ol: TCMS		
		Number of Passengers: 10-	-15		
Type of Trip (Check One))				
□In-County Instructional □In-Count		☐In-County Athletic	□Other: (Explain In Detail)		
Out-of-Count	y Instructional Out-of-	County Athletic			
□Out-of-State	Instructional	☐Out-Of-State Athletic			
Destination (Event, City,	and State): Quadstate Hon	or Band, Murray, KY			
Planned Stops To and F	rom: Lunch/Dinner				
Departing Location: TC	MS Date of Departure: 11/2	0/2023 Time of Departure: 7	7:30am		
Returning Location: TC	MS Date of Return: 11/20/	2023 Time of Return: 1 0:00	0pm		
Chaperone/s: Heather	Dipasquale Chaperone's	s Phone: 270-293-3428			
Special Requests (Chec	k One)				
Van	☐Wheelchair Accessible	□Monitor	☐Other: (Explain In Detail) Possible Bus		
If requesting the Van, h	as the person driving been c	ertified and approved to drive	e? Yes □ No (Check One)		
Person Driving Van: He	ather Dipasquale	Trip Requested 8	By : Heather Dipasquale		
Organization Responsil	ble for Payment: Click here	to enter text.			
Approval of Site Based	Council Representative	D-DNV	Date 5 (22/23		
Section 2		DISTRICT USE ONLY			
Approval of District Re	presentative		Date:		
Section 3	DRIVER -	- TURN THIS FORM IN WI	TH TIMESHEETS		
Date/Time of Departure	:	Odd	ometer Start:		
Date/Time of Return:		Ode	ometer End:		
I hereby certify that the	above information is correct	to the best of my knowledge	9.		
•			Date		
Driver Comments:					
Coach or School Repre	esentative 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: 5/22/2023

Date of Event: 1/4 - 6/2024

Number of Passengers: 10 Type of Trip (Check One) In-County Instructional In-County Athletic Out-of-County Instructional Out-of-County Athletic Out-of-State Instructional Out-of-State Athletic Destination (Event, City, and State): All DistrictHonor Band, Bowling Green, KY Planned Stops To and From: Lunch/Dinner Departing Location: TCCHS Date of Departure: 1/4/2024 Time of Departure: 3:00pm Returning Location: TCCHS Date of Return: 1/6/2024 Time of Return: 3:00pm Chaperone/s: Heather Dipasquale Chaperone's Phone: 270-293-3428							
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): All DistrictHonor Band, Bowling Green, KY Planned Stops To and From: Lunch/Dinner Departing Location: TCCHS Date of Departure: 1/4/2024 Time of Departure: 3:00pm Returning Location: TCCHS Date of Return: 1/6/2024 Time of Return: 3:00pm							
□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): All DistrictHonor Band, Bowling Green, KY Planned Stops To and From: Lunch/Dinner Departing Location: TCCHS Date of Departure: 1/4/2024 Time of Departure: 3:00pm Returning Location: TCCHS Date of Return: 1/6/2024 Time of Return: 3:00pm							
Out-of-County Instructional Out-of-County Athletic Out-of-State Instructional Out-Of-State Athletic Destination (Event, City, and State): All DistrictHonor Band, Bowling Green, KY Planned Stops To and From: Lunch/Dinner Departing Location: TCCHS Date of Departure: 1/4/2024 Time of Departure: 3:00pm Returning Location: TCCHS Date of Return: 1/6/2024 Time of Return: 3:00pm							
Destination (Event, City, and State): All DistrictHonor Band, Bowling Green, KY Planned Stops To and From: Lunch/Dinner Departing Location: TCCHS Date of Departure: 1/4/2024 Time of Departure: 3:00pm Returning Location: TCCHS Date of Return: 1/6/2024 Time of Return: 3:00pm							
Destination (Event, City, and State): All DistrictHonor Band, Bowling Green, KY Planned Stops To and From: Lunch/Dinner Departing Location: TCCHS Date of Departure: 1/4/2024 Time of Departure: 3:00pm Returning Location: TCCHS Date of Return: 1/6/2024 Time of Return: 3:00pm							
Planned Stops To and From: Lunch/Dinner Departing Location: TCCHS Date of Departure: 1/4/2024 Time of Departure: 3:00pm Returning Location: TCCHS Date of Return: 1/6/2024 Time of Return: 3:00pm							
Departing Location: TCCHS Date of Departure: 1/4/2024 Time of Departure: 3:00pm Returning Location: TCCHS Date of Return: 1/6/2024 Time of Return: 3:00pm							
Returning Location: TCCHS Date of Return: 1/6/2024 Time of Return: 3:00pm							
Chaperone/s: Heather Dipasquale Chaperone's Phone: 270-293-3428							
Special Requests (Check One)							
■Van □Wheelchair Accessible □Monitor □Other: (Explain In Detail) Maybe 2 vehicles							
If requesting the Van, has the person driving been certified and approved to drive? Yes \text{No (Check One)}							
Person Driving Van: Heather Dipasquale Trip Requested By: Heather Dipasquale							
Organization Responsible for Payment: Click here to enter text.							
Approval of Site Based Council Representative Date 5/22/23							
Section 2 DISTRICT USE ONLY							
Approval of Dietrict Poprosantative							
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: Date 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: 5/22/2023 Date of Event:3/4 /2024

Organization: Band School: TCMS

Number of Passengers: 10 Type of Trip (Check One) ☐ Other: (Explain In Detail) ☐ In-County Athletic ☐In-County Instructional Out-of-County Instructional Out-of-County Athletic ☐ Out-Of-State Athletic ☐ Out-of-State Instructional Destination (Event, City, and State): WKU Honor Band, Bowling Green, KY Planned Stops To and From: Lunch/Dinner Departing Location: TCMS Date of Departure: 3/4/2024 Time of Departure: 7:30am Returning Location: TCMS Date of Return: 3/4/2024 Time of Return: 9:00pm Chaperone's: Heather Dipasquale Chaperone's Phone: 270-293-3428 Special Requests (Check One) ☐ Other: (Explain In Detail) Maybe 2 vehicles □Monitor ☐Wheelchair Accessible Van If requesting the Van, has the person driving been certified and approved to drive? Trip Requested By: Heather Dipasquale Person Driving Van: Heather Dipasquale Organization Responsible for Payment: Click here to enter text Date 5/22/23 Approval of Site Based Council Representative **DISTRICT USE ONLY** Section 2 Approval of District Representative **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:** 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: 5/1/23 Date of Event: 5/15/23

	Organization: TCN	1S School: Todd Cou	nty Middle School				
Number of Passengers: 135							
Type of Trip (Check One)							
X□In-County Instructional		☐ In-County Athletic	□ In-County Athletic □ Other:				
☐ Out-of-County Instructional		Out-of-County Athletic					
☐ Out-of-State Instructional		☐ Out-Of-State Athletic					
Destination (Event, City, a	and State): Todd County Mid	ddle School, 515 W. Main	St, Elkton Ky				
Planned Stops To and Fr	om:						
Departing Location: Nor PM	th Todd Elementary and S	South Todd Elementary C	ate of Departure: 5/15/23	Time of Departure: 1:10			
Returning Location: Nor	th Todd Elementary and S	South Todd Elementary	Date of Return: 5/15/23	Time of Return: 2:20			
Chaperone/s: 2 per bus Chaperone's Phone: Teachers from elementary schools							
Special Requests (Check	One)						
□Van	☐Wheelchair Accessible	☐ Monitor	☐ Other: (Explain In Detai	1)			
If requesting the Van, ha	s the person driving been ce	rtified and approved to drive	? ☐ Yes ☐ No (Check One)				
Person Driving Van: Click here to enter text. Trip Requested By: Kimberly Davis							
Organization Responsib	le for Payment: TCfMS SBD	108-1		-11/			
Approval of Site Based Council Representative 5 Date 5/1/23							
Section 2 DISTRICT USE ONLY							
Approval of District RepresentativeDate:							
Section 3	DRIVER -	TURN THIS FORM IN WI	TH TIMESHEETS				
Date/Time of Departure:		Odo	Odometer Start:				
Date/Time of Return:			meter End:				
I hereby certify that the	above information is correct	to the best of my knowledge					
Driver Signature			Date _				
Driver Comments:							
Coach or School Repres	entative Signature		Date				