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

Date of Event: 8/5/2023

Date of Request: 7/24/2023

		Organization: Football	Sc	chool: TCMS	
			Number of Passenge	ers: 40	
Type of	Trip (Check One)				
	☐ In-County Instru	octional	☐ In-County Athletic		☐ Other: (Explain In Detail)
	☐ Out-of-County In	nstructional	⊠ Out-of-County Athle	etic	
	☐ Out-of-State Ins	tructional	☐ Out-Of-State Athlet	ic	
Destinat	tion (Event, City, and	d State): Metcalfe County	High School, Edmo	nton, KY	
Planned	Stops To and Fror	<b>n:</b> Fast Food			
Departir	ng Location: TCCH	S ANNEX Date of	Departure: 8/5/202	3 Time of Dep	parture: 2:00 PM
Returnir	ng Location: TCCH	S ANNEX Date of Return:	8/5/2023 Time of R	eturn: 11:30 PM	
Chapero	one/s: George Rid	dick / Michael Blake	Chaperone's Phone: 2	70-305-2782	
Special	Requests (Check O	ne)			
	□Van	☐ Wheelchair Accessible	☐ Monitor	☐ Other	: (Explain In Detail)
f reque	sting the Van, has t	the person driving been cer	tified and approved to	drive? □Yes □	No (Check One)
Person	Driving Van: Click	here to enter text.	Tr	ip Requested By: S	iteven McGhee
Organiz	ation Responsible	for Payment: Click here to	enter text.		- 1- 1/22
Approva	al of Site Based Co	uncil Representative	Juf RS	<u> </u>	Date
Section	2		DISTRICT USE ONL	<u>Y</u>	
<b>A</b>	al of District Bonnes	a a méadire			Date:
Approva	al of District Repres	sentative	• • • • • • • • • • • • •	••••••	
Section 3 <u>DRIVER – TURN THIS FORM IN WITH TIMESHEETS</u>					
Date/Tin	ne of Departure:			Odometer Start: _	
Date/Tin	ne of Return:			Odometer End: _	
hereby certify that the above information is correct to the best of my knowledge.					
Driver S	ignature				Date
Driver C	comments:				
Coach	or School Represen	stative Signature			Date

Date of Request: 7/4/23 Date of Event: 8/19/23

Orga	anization: 100T	BALL	School: TCP	12	
	Numb	er of Passengers:	40		
Type of Trip (Check One)					
☐ In-County Instructiona	al	☐ In-County Athle	tic:	☐ Other: (E	xplain In Detail)
☐ Out-of-County Instruc	tional	⊠ Out-of-County A	Athletic		
☐ Out-of-State Instruction	onal	☐ Out-Of-State A	thletic		
Destination (Event, City, and State	e): STADIUN	OF CHAMP	zons, Hope:	ensvine, KY	
Planned Stops To and From:			•		
Departing Location: TCCHS	Annex Date	of Departure: 8/19	1/23	Time of Departure:	12:30 pm
Returning Location: TCCAS  George Res  Chaperone/s: MICHAEL B	EDDICK Cham	of Return: 8/10 erone's Phone: 27		Time of Return: るる	6:00 pm
Special Requests (Check One)					
□Van □W	/heelchair Accessible	☐ Monit	or 🗆 Ot	her: (Explain In Detail)	
If requesting the Van, has the pe	rson driving been c	ertified and approved	d to drive? □Yes	□ No (Check One)	
Person Driving Van:			Trip Requested By	1: Steven M	1cGHEE
Organization Responsible for Pa	yment:	1.00	>		-1.1
Approval of Site Based Council	Representative	July Mr	X	Date	116123
Section 2		DISTRICT USE O	ONLY		
Approval of District Representat	ive	• • • • • • • • • • •	• • • • • • • • • • •	Date:	
Section 3	DRIVER -	- TURN THIS FORN	1 IN WITH TIMES	HEETS	
Date/Time of Departure:			Odometer Star	t:	
Date/Time of Return:			Odometer End	:	
I hereby certify that the above in	formation is correct	to the best of my kn	owledge.		
Driver Signature				Date	
Driver Comments:					
Coach or School Representative	Signature			Date	

Date of Request: 7/6/23

Date of Event: 8/22/23

Organization: Foo TBA	School	ol: TCMS	
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): Wesster	Co. HIGH, D	IXON, KY	
Planned Stops To and From: Food Possage	N		
Departing Location: TCCHS ANNEX Date of	Departure: 8/22/23	Time of Departure: 4:00 pm	
Returning Location: TCCAS ANNEX Date of	Return: 8/22/23	Time of Return: 11:00 pm	
Chaperone/s: Macheal Blake Chapero	one's Phone: 270 - 3	05 - 2782	
Special Requests (Check One)			
☐ Van ☐ Wheelchair Accessible	☐ Monitor	☐ Other: (Explain In Detail)	
If requesting the Van, has the person driving been cert	tified and approved to driv	ve? □ Yes □ No (Check One)	
Person Driving Van:	Trip F	Requested By: STEVEN MGAEG	
Organization Responsible for Payment:	1.000	- (	
Approval of Site Based Council Representative Date 26 23			
Section 2	DISTRICT USE ONLY		
Approval of District Representative	• • • • • • • • • • • • • • •	Date:	
Section 3 <u>DRIVER – T</u>	URN THIS FORM IN W	VITH TIMESHEETS	
Date/Time of Departure:	Oc	dometer Start:	
Date/Time of Return:	O	dometer End:	
I hereby certify that the above information is correct to	the best of my knowledg	ge.	
Driver Signature		Date	
Driver Comments:			
Coach or School Representative Signature		Date	

Date of Request: 7/6/23

Date of Event: 8/26/23

Organization: For	BALL Scho	ool: TCMS	
Nun	nber of Passengers: 4〇		
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	Co HIGH Russ	euvaue, KY	
Planned Stops To and From: Food Poss a	•		
Departing Location: TCCHS ANNEX Date	te of Departure: 8/26 17	Time of Departure: 3:45 pm	
Returning Location: TCCHS ANNEX Date	te of Return: 8/26/7	Time of Return: 10:30 pm	
Chaperone/s: GEORGE REDICK Cha	perone's Phone: 270-3	665 - 2782	
Special Requests (Check One)			
☐ Van ☐ Wheelchair Accessib	le ☐ Monitor	☐ Other: (Explain In Detail)	
If requesting the Van, has the person driving been	certified and approved to dr	ive? □Yes □No (Check One)	
Person Driving Van:	Trip	Requested By: STEVEN McGHES	
Organization Responsible for Payment:	+/-00	(81-2	
Approval of Site Based Council Representative Date			
Section 2	DISTRICT USE ONLY		
Approval of District Representative		Date:	
Section 3 DRIVER	R – TURN THIS FORM IN \	<u>WITH TIMESHEETS</u>	
Date/Time of Departure:	0	Odometer Start:	
Date/Time of Return:	(	Odometer End:	
I hereby certify that the above information is corre	ect to the best of my knowled	ge.	
Driver Signature		Date	
Driver Comments:			
Coach or School Representative Signature		Date	

Date of Request: 7/6/23 Date of Event: 9/16/23

Organization:	FOOTBALL	School:	MS		
	Number of Passengers	: <b>3</b> 0			
Type of Trip (Check One)					
☐ In-County Instructional	☐ In-County A	Athletic	☐ Other: (Explain In Detail)		
☐ Out-of-County Instructional	⊠ Out-of-Cou	nty Athletic			
☐ Out-of-State Instructional	☐ Out-Of-Stat	te Athletic			
Destination (Event, City, and State): Wes	RUGR CO HIE	H DIXON	KY		
Planned Stops To and From: F&P F		,			
Departing Location: TCCHS Anne	Date of Departure:	2/14/23	Time of Departure: 8:00 AM		
Returning Location: TCCHS ANNEX Date of Return: 9/16/23 Time of Return: 3:30 PM  GEORGE REDOICK Chaperone/s: MICHAEL BLAKE Chaperone's Phone: 270-305-2782  Special Requests (Check One)					
☐ Van ☐ Wheelchair A	ccessible $\square$ N	1onitor	Other: (Explain In Detail)		
If requesting the Van, has the person drivin	g been certified and appro	oved to drive?	es □No (Check One)		
Person Driving Van:		Trip Requeste	By: Steven McGree		
Organization Responsible for Payment: Approval of Site Based Council Representa			Date ) (6 (23		
Section 2	DISTRICT US	SE ONLY			
Approval of District Representative	• • • • • • • • • • • • • • •	• • • • • • • • • • •	Date:		
Section 3 <u>E</u>	DRIVER – TURN THIS FO	ORM IN WITH TIN	<u>1ESHEETS</u>		
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	l .		Date		

Date of Request: 7/6/23 Date of Event: 9/26/23

Organization:	FOOTBALL School	DI: 1 CM/2	
	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):	ESHALL CO HIGH, BE	NTON, KY	
Planned Stops To and From: Foos 7	OSSIBLY		
Departing Location: TCCHS ANNEX	Date of Departure: 9 /26/23	Time of Departure: 4:00 pm	
Returning Location: TCCAS ANNEX		Time of Return: 11:00 pm	
Chaperone/s: MICHAEL BLAKE	Chaperone's Phone: 270 - 30	05-2782	
Special Requests (Check One)			
□ Van □ Wheelchair A	Accessible	☐ Other: (Explain In Detail)	
f requesting the Van, has the person driving been certified and approved to drive? □ Yes □ No (Check One)			
Person Driving Van:	Trip R	equested By: Steven McGHEE	
Organization Responsible for Payment:	1/0.0		
Approval of Site Based Council Represent	ative 5	Date 7 (c (23	
Section 2	DISTRICT USE ONLY		
Approval of District Representative		Date:	
Section 3	DRIVER – TURN THIS FORM IN W	ITH TIMESHEETS	
Date/Time of Departure:	Od	ometer Start:	
Date/Time of Return:	Od	lometer End:	
I hereby certify that the above information			
		Date	
Driver Comments:		<b>.</b>	
Coach or School Representative Signature	·	Date	

Date of Request: 7/6/23 Date of Event: 10/3/23

Organization:	FOOTBALL Scho	ol: TCMS	
	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-State Instructional	☐ Out-Of-State Athletic		
Destination (Event, City, and State):	IGG CO HIGH, CADI	z, KY	
Planned Stops To and From: Food			
Departing Location: TCCHS ANA	Date of Departure: 10/3/2	Time of Departure: 4:00 pm	
Returning Location: TCCAS ANNE	ン Date of Return: しししょ 1つ3	Time of Return: 10:30 pm	
Chaperone/s: GEORGE REDECTION Special Requests (Check One)	Chaperone's Phone: 770-3	0S-2782	
□ Van □ Wheelchair	Accessible ☐ Monitor	☐ Other: (Explain In Detail)	
If requesting the Van, has the person driv	ing been certified and approved to dri	ve? □Yes □No (Check One)	
Person Driving Van:		Requested By: STEVEN McGHEE	
Organization Responsible for Payment:	K : 0 10	/ /	
Approval of Site Based Council Representative Date 7 (6 2)			
Section 2	DISTRICT USE ONLY		
Approval of District Representative		Date:	
Section 3	DRIVER – TURN THIS FORM IN V	VITH TIMESHEETS	
Date/Time of Departure:	0	dometer Start:	
Date/Time of Return:	0	dometer End:	
I hereby certify that the above information	n is correct to the best of my knowled	ge.	
Driver Signature		Date	
Driver Comments:			
Coach or School Representative Signatur	re	Date	

Date of Request: 7/6/23 Date of Event: 8/10/23

	Organization: So	FTBALL	School:	TCMS	
	Nu	ımber of Passengers:	20		
Type of Trip (Check One)					
☐ In-County Instruc	ctional	☐ In-County Athl	etic	□ Oth	er: (Explain In Detail)
☐ Out-of-County In:	structional	⊠ Out-of-County	Athletic		
☐ Out-of-State Inst	ructional	☐ Out-Of-State A	Athletic		
Destination (Event, City, and	State): TRIGG	Co COMPLEX	, CADI	z, KY	
Planned Stops To and From	Food Pass	ibu) After	GAME		
Departing Location: TCC	ANNEX D	ate of Departure: 8/।	10/23	Time of Depart	ture: 4:00 pm
Returning Location: Tco	D YOUNA 2HS	ate of Return: 8/10	123	Time of Return	1: 10:00 pm
Chaperone/s: TARA On CINDY T Special Requests (Check Or		naperone's Phone: 5	17-719	- 3796	
□Van	☐ Wheelchair Access	ible □ Mon	nitor	☐ Other: (Explain In [	Detail)
If requesting the Van, has th	ne person driving bee	en certified and approve	ed to drive?	☐ Yes ☐ No (Check O	ne)
Person Driving Van:			Trip Requ	ested By: STEVEN	McGHEE
Organization Responsible f Approval of Site Based Cou				Da	te 7/6/23
Section 2		<u>/DISTRICT USE</u>	ONLY		
Approval of District Repres	entative		• • • • • • •	D	ate:
Section 3	DRIVE	ER – TURN THIS FOR	M IN WITH	I TIMESHEETS	
Date/Time of Departure:			Odom	eter Start:	
Date/Time of Return:			Odom	neter End:	
I hereby certify that the above information is correct to the best of my knowledge.					
Driver Signature				Da	te
Driver Comments:					
Coach or School Represent	tative Signature				)ate

Date of Request: 7/6/23

Organization: SOFTBALL

Date of Event: 8/14/23

School: TCMS

Nu	umber of Passengers: 20			
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): 203560	evice High, Russa	avaue, KY		
Planned Stops To and From: NA				
Departing Location: TCCHS ANNER D	ate of Departure: 8/14/23	Time of Departure: 4: 15 PM		
Returning Location: TCCHS ANNEX D	Pate of Return: 8/14/23	Time of Return: 10:00 pm		
CINDY THOMAS	haperone's Phone: 517 - 719 - 3	796		
Special Requests (Check One)		10th and (Fourthing In Posteil)		
□ Van □ Wheelchair Access		Other: (Explain In Detail)		
If requesting the Van, has the person driving be	en certified and approved to drive?	s		
Person Driving Van:	Trip Requested	By: Steven McGHEE		
Organization Responsible for Payment:	K. Oles	Date 7 (6/23		
Approval of Site Based Council Representative		Date 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Section 2	DISTRICT USE ONLY			
Approval of District Representative	••••••	Date:		
Section 3 DRIV	ER – TURN THIS FORM IN WITH TIM	<u>1ESHEETS</u>		
Date/Time of Departure:	Odometer 9	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		

Date of Request: 7/6/23 Date of Event: 8/17/23

School: TCMS

Organization: SOFTBALL

Num	ber of Passengers: 20			
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): FRANKLE	N-SIMPSON HIGH	FRANKLEN, KY		
Planned Stops To and From: N/A				
Departing Location: TCCHS ANNEY Date	e of Departure: 8/17/23	Time of Departure: 4:00 pm		
Returning Location: TCCHS ANNEX Date		Time of Return: 10:30 pm		
OTION ( MONOR'S	perone's Phone: 517-719	1-3176		
Special Requests (Check One)				
□ Van □ Wheelchair Accessibl	e	☐ Other: (Explain In Detail)		
If requesting the Van, has the person driving been				
Person Driving Van:	erson Driving Van:  Trip Requested By: STEVEN McGHEE			
Organization Responsible for Payment:	K: DDV	Date 7(e/23_		
Approval of Site Based Council Represe <del>ntative</del>		Date CO		
Section 2	DISTRICT USE ONLY			
Approval of District Representative	•••••	Date:		
Section 3 DRIVER – TURN THIS FORM IN WITH TIMESHEETS				
Date/Time of Departure:	Odo	meter Start:		
Date/Time of Return:	Odd	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 Representative Signature		Date		

Date of Request: 716/23

Organization: SOFTBALL

Date of Event: 8/19/23

School: TCMS

Number of Passengers: 20 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): WARREN CENTRAL HIGH, BOWLING GREW, KY Planned Stops To and From: FOOD POSS 2 BLY Departing Location: Tochs Annex Date of Departure: 8/19/23 Time of Departure: 9:15 AM Returning Location: Tocks Annex Date of Return: 8/19/23 Time of Return: 4:00 PM Chaperone's Phone: 517-719-3796 Chaperone/s: Special Requests (Check One) ☐ Other: (Explain In Detail) ☐ Wheelchair Accessible ☐ Monitor □ Van If requesting the Van, has the person driving been certified and approved to drive? 

Yes No (Check One) Trip Requested By: STEVEN McGHEE **Person Driving Van:** Organization Responsible for Payment: 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: \_\_\_\_\_ Odometer End: \_\_\_\_\_ Date/Time of Return: I hereby certify that the above information is correct to the best of my knowledge. Driver Signature **Driver Comments:** Coach or School Representative Signature \_\_\_\_\_\_ Date \_\_\_\_\_

Date of Request: 7 / 6 / 23

Organization: SOFTBALL

Date of Event: 8 /31 /23

School: TCMS

Number of Passenge	s: 20			
Type of Trip (Check One)				
☐ In-County Instructional ☐ In-County	Athletic	☐ Other: (Explain In Detail)		
☐ Out-of-County Instructional	unty Athletic	*		
☐ Out-of-State Instructional ☐ Out-Of-St	ate Athletic			
Destination (Event, City, and State): Lee S. Jones PA	ex, EDDYVILLE, 1	<b>&lt;</b> \		
Planned Stops To and From: Foos Posssey				
Departing Location: てている A NN ex Date of Departure:	8/31/23 Ti	ime of Departure: 4:00 pm		
Returning Location: TCCAS ANNEX Date of Return: 8	131 123 Ti	ime of Return: 10:30 PM		
TARA MINER	517-719-3796			
	Monitor □ Other	: (Explain In Detail)		
If requesting the Van, has the person driving been certified and app				
Person Driving Van:		STEVEN McGHEE		
Organization Responsible for Payment:				
Approval of Site Based Council Representative	Wy.	Date		
Section 2 DISTRICT	JSE ONLY			
Approval of District Representative		Date:		
Section 3 <u>DRIVER – TURN THIS</u>	FORM IN WITH TIMESHE	EETS		
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	ny knowledge.			
Driver Signature		Date		
Driver Comments:				
Coach or School Ponresentative Signature		Date		

Date of Request: 7/6/23

Organization: SOFTBALL

Date of Event: 9/11/23

School: TCMS

	Number of Passengers: 20				
Type of Trip (Check One)					
☐ In-County Instructional	☐ In-County Athletic	☐ Other: (Explain In Detail)			
☐ Out-of-County Instructiona	I ⊠ Out-of-County Athletic				
☐ Out-of-State Instructional	☐ Out-Of-State Athletic				
Destination (Event, City, and State):	LOGAN CO. HIGH SCHOOL	, Russeuviue, KY			
Planned Stops To and From: ゝんん	<b>\</b>				
Departing Location: TCCHS A	NNEX Date of Departure: 9/11/23	Time of Departure: 4:15 pm			
Returning Location: TCCHS A	NNEX Date of Return: 9/11/23	Time of Return: 10:00 pm			
Chaperone/s: TARA OUEVO CINDY THOM Special Requests (Check One)	Chaperone's Phone: 517-719	9-3796			
□Van □Whee	Ichair Accessible	☐ Other: (Explain In Detail)			
If requesting the Van, has the person	n driving been certified and approved to drive	e? □Yes □No (Check One)			
Person Driving Van:	erson Driving Van:  Trip Requested By: STEVEN MeGINEE				
	Organization Responsible for Payment:  Approval of Site Based Council Representative Date 7/6/23				
Section 2	DISTRICT USE ONLY				
Approval of District Representative		Date:			
Section 3	DRIVER - TURN THIS FORM IN WI	TH TIMESHEETS			
Date/Time of Departure: Odometer Start:					
Date/Time of Return: Odometer End:					
I hereby certify that the above inform	nation is correct to the best of my knowledge	9.			
Driver Signature		Date			
Driver Comments:					
Coach or School Representative Signature Date					

Date of Request: 7/6 /23 Date of Event: 9/25/23

School: TCMS

Organization: SOFTBALL

	Number of Passengers: 20		
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-County Athletic		
☐ Out-of-State Instructional	☐ Out-Of-State Athletic		
Destination (Event, City, and State): FRANKLEN - SIMPSON HIGH, FRANKLEN, KY			
Planned Stops To and From: NIA			
Departing Location: TCCHS ANNER	Date of Departure: 9/25/23	Time of Departure: 4:00 pm	
Returning Location: TCCHS ANNEX	Date of Return: 9/25/23	Time of Return: 11:00 pm	
Chaperone's: TARA OLIVER CINDY THOMAS  Special Requests (Check One)  Chaperone's Phone: 517 - 719 - 3796			
□ Van □ Wheelchair Ac	cessible	☐ 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:	Trip Req	uested By: Steven McGHEE	
Organization Responsible for Payment:			
Approval of Site Based Council Representative Date Date			
Section 2 <u>DISTRICT USE ONLY</u>			
Approval of District RepresentativeDate:			
Section 3 DRIVER – TURN THIS FORM IN WITH TIMESHEETS			
Date/Time of Departure:	Odor	neter Start:	
Date/Time of Return:	Odo	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 Penresentative 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 Event: 8/24/2023

**Date of Request:** 7/24/2023

Organization: Volleyball School: TCMS Number of Passengers: 20 Type of Trip (Check One) ☐ In-County Athletic ☐ Other: (Explain In Detail) ☐ In-County Instructional ☑ Out-of-County Athletic ☐ Out-of-County Instructional ☐ Out-of-State Instructional ☐ Out-Of-State Athletic Destination (Event, City, and State): Christian Co Middle School, Hopkinsville, KY Planned Stops To and From: NA Date of Departure: 8/24/2023 Time of Departure: 4:15 PM **Departing Location: TCMS Lobby** Returning Location: TCMS Lobby Date of Return: 8/24/2023 Time of Return: 9:30 PM Chaperone/s: Brylee Wiles Chaperone's Phone: 270-604-1700 Special Requests (Check One) ☐ Wheelchair Accessible ☐ Monitor ☐ Other: (Explain In Detail) □ Van If requesting the Van, has the person driving been certified and approved to drive?  $\square$  Yes  $\square$  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 **DISTRICT USE ONLY** Section 2 Approval of District Representative Section 3 **DRIVER – TURN THIS FORM IN WITH TIMESHEETS** 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. Date Driver Signature \_\_\_ **Driver Comments:** Coach or School Representative Signature \_\_\_\_\_\_ Date \_\_\_\_

Date of Request: 7/6/23 Date of Event: 8/29/23

Organization: Vo	OLLEY BALL School	ol: TCMS
	Number of Passengers: 20	
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): しんち	TEAD ELEMENTARY,	OLMSTEAD, KY
Planned Stops To and From: $N/A$		
Departing Location: TCMS GYM	Date of Departure: 8/29/2	3 Time of Departure: 4:15 pm
Returning Location: TCMS Grim BRILEE WILES Chaperone/s: KELLI TEMPLEMAN	Date of Return: 8/20/23 Chaperone's Phone: 270-6	
Special Requests (Check One)		
☐ Van ☐ Wheelchair Acce	essible	☐ Other: (Explain In Detail)
If requesting the Van, has the person driving I		
Person Driving Van:	Trip F	Requested By: STEVEN McGHEE
Organization Responsible for Payment: Approval of Site Based Council Representative	R DUS	Date 7(6(23
Section 2	DISTRICT USE ONLY	
Approval of District Representative		Date:
Section 3 DR	IVER – TURN THIS FORM IN V	VITH TIMESHEETS
Date/Time of Departure:	0	dometer Start:
Date/Time of Return:	0	dometer End:
I hereby certify that the above information is	correct to the best of my knowled	ge.
Driver Signature		Date
Driver Comments:		
Coach or School Representative Signature		Date

Date of Request: 7/6/23 Date of Event: 9/1/23

(	Organization:	VOLLEYBALL	School:	Toms		
		Number of Passengers:	20			
Type of Trip (Check One)						
☐ In-County Instruc	tional	☐ In-County At	hletic		☐ Other: (Explain In De	etail)
☐ Out-of-County Ins	structional	⊠ Out-of-Coun	ty Athletic			
☐ Out-of-State Instr	ructional	☐ Out-Of-State	Athletic			
Destination (Event, City, and	State): UH	A, HOPKINEVI	ILE, KY			
Planned Stops To and From	: N/A					
Departing Location: TCM	is Gym	Date of Departure: 9	1123	Time of D	Departure: 4:15	pm
Returning Location: TCN BRYLEE Chaperone/s: Kelus Special Requests (Check On	Wales Templema	Date of Return: 9   Chaperone's Phone: 2	1 123 270 -604	Time of F	Return: 10:00 (	pm
□Van	☐ Wheelchair A	ccessible	onitor	☐ Other: (Expla	in In Detail)	
If requesting the Van, has th	ne person drivir	g been certified and appro	ved to drive?	□Yes □No (Ch	eck One)	
Person Driving Van:			Trip Req	uested By: ちてら	iven McGHO	56
Organization Responsible for Approval of Site Based Cou		ative A				23
Section 2		DISTRICT US	E ONLY			
Approval of District Repres	entative	• • • • • • • • • • • • • • •	• • • • • • •		Date:	• • • • • • •
Section 3 <u>DRIVER – TURN THIS FORM IN WITH TIMESHEETS</u>						
Date/Time of Departure:			Odor	neter Start:		
Date/Time of Return:			Odoi	meter End:		_
I hereby certify that the abo	ve information	is correct to the best of my	knowledge.			
Driver Signature					Date	
Driver Comments:						
Coach or School Represent	tative Signature				Date	

Date of Request: 7/6/23

Organization: VOLLEYBALL

Date of Event: 9/5/23

School: TCMS

	Number of Passengers: 20	
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): FCA	, BOWLING GREEN , KY	1
Planned Stops To and From: Food Po		
Departing Location: TCMS GVM	Date of Departure: 9/5/23	Time of Departure: 4:00 pm
Returning Location: Toms Gam		Time of Return: 10:30 pm
Chaperone/s:	Chaperone's Phone:	
Special Requests (Check One)		
□ Van □ Wheelchair Acc	cessible	☐ 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:	Trip Request	ed By: STEVEN McG14E6
Organization Responsible for Payment:	-1/ 0:0	
Approval of Site Based Council Representati	ive	Date 7(6/23
Section 2	DISTRICT USE ONLY	
Approval of District Representative		Date:
	RIVER – TURN THIS FORM IN WITH TI	MESHEETS
Date/Time of Departure:	Odometer	r Start:
e/Time of Return: Odometer End:		r 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

Date of Request: 7/6/23

Date of Event: 9/8/23

Language Mingray

Organization:	VOLLEYBALL S	School:	TCMS
	Number of Passengers: 2	-0	
Type of Trip (Check One)			
☐ In-County Instructional	☐ In-County Athletic	*	☐ Other: (Explain In Detail)
Out-of-County Instructional	☑ Out-of-County Ath	nletic	
☐ Out-of-State Instructional	☐ Out-Of-State Athle	etic	
Destination (Event, City, and State): Fra	UKUIN- SIMPSON H	IGH,	FRANKLIN, KY
Planned Stops To and From: ハヘ			
Departing Location: TCMS G7M	Date of Departure: 9/8	123	Time of Departure: $4:\infty \ \rho m$
Returning Location: TCMS GYM BITTLES WILES			
Chaperone/s: Keus Templema	$\sim$ Chaperone's Phone: 27 $c$	7-601	1-1700
Special Requests (Check One)			
□ Van □ Wheelchair A	ccessible	•	☐ Other: (Explain In Detail)
lf requesting the Van, has the person drivir	ng been certified and approved t	o drive?	□ Yes □ No (Check One)
Person Driving Van:		Trip Requ	uested By: STEVEN McGHEE
Organization Responsible for Payment:	1/ - 10		2/1/22
Approval of Site Based Council Represent	ative	<b></b>	Date 7(6(23
Section 2	DISTRICT USE OF	<u>VLY</u>	
			D. (
Approval of District Representative	• • • • • • • • • • • • • • • • • •	• • • • •	Date:
Section 3	DRIVER – TURN THIS FORM	IN WITH	H TIMESHEETS
Date/Time of Departure:		_ Odom	neter Start:
Date/Time of Return:		_ Odon	neter End:
I hereby certify that the above information	is correct to the best of my know	wledge.	
Driver Signature	1		Date
Driver Comments:			
Coach or School Representative Signature	)		Date

Organization: Vol	LLEY BALL Scho	ool: TCMS
Nu	mber of Passengers: 20	
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): Moss	MIDDLE, BOWL	ING GREEN, KY
Planned Stops To and From: FOOD Poss		
Departing Location: TCMS GYM Da	te of Departure: 9/12/3	Time of Departure: 4:00 pm
Returning Location: TCMS GYM Da		23 Time of Return: 10:30 ρΜ
□ Van □ Wheelchair Accessi	ble	☐ Other: (Explain In Detail)
If requesting the Van, has the person driving bee	n certified and approved to di	rive? □Yes □No (Check One)
Person Driving Van:	Trip	Requested By:
Organization Responsible for Payment:  Approval of Site Based Council Representative _	Ki O Ols	
Section 2	DISTRICT USE ONLY	
Approval of District Representative	• • • • • • • • • • • • • • • • • • •	Date:
Section 3 DRIVE	R – 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 corr	rect to the best of my knowled	dge.
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 Event: 9/18/2023

**Date of Request:** 7/18/2023

Coach or School Representative Signature

Organization: Volleyball School: TCMS Number of Passengers: 20 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 Athletic ☐ Out-of-State Instructional Destination (Event, City, and State): Russellville High School, Russellville, KY Planned Stops To and From: NA **Departing Location:** TCMS Gym **Date of Departure:** 9/18/2023 Time of Departure: 4:30 pm Time of Return: 9:00 pm Returning Location: TCMS Gym Date of Return: 9/18/2023 **Chaperone/s:** Brylee Wiles **Chaperone's Phone:** 270-604-1700 Special Requests (Check One) ☐ Monitor ☐ Other: (Explain In Detail) ☐ Wheelchair Accessible □Van If requesting the Van, has the person driving been certified and approved to drive?  $\square$  Yes  $\square$  No (Check One) Trip Requested By: Steven McGhee Person Driving Van: Click here to enter text. Organization Responsible for Payment: Click here to enter text. 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: \_\_\_\_\_ 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 of Request: 7/4/23 Date of Event: 9/19/23

Organization: $\sqrt{o}$	LLEYBALL School	ol: TCMS
P	Number of Passengers: 20	
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): Hoアkュ	NEVILLE MIDDLE,	HOPKINSVILE, KY
Planned Stops To and From: ハバム		
Departing Location: TCMS GYM	Date of Departure: 9/19/2	Time of Departure: 4:00 pm
10 mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/m	Date of Return: 9/19/2	3 Time of Return: 10:00 pm
Chaperone/s: Keus Templeman	Chaperone's Phone: 270 - 60	94-1700
Special Requests (Check One)		
□ Van □ Wheelchair Acces	ssible	☐ Other: (Explain In Detail)
If requesting the Van, has the person driving b	een certified and approved to dri	ve? □Yes □ No (Check One)
Person Driving Van:	Trip F	Requested By: STEVEN MCGHEE
Organization Responsible for Payment:	V ( ) 1 (	5//00
Approval of Site Based Council Representative	AN WO	Date ) (G ( 2 3
Section 2	DISTRICT USE ONLY	
		-
Approval of District Representative	• • • • • • • • • • • • • • • • • • • •	Date:
Section 3 DRIV	VER – TURN THIS FORM IN W	VITH TIMESHEETS
Date/Time of Departure:	O	dometer Start:
Date/Time of Return:	0	dometer End:
I hereby certify that the above information is c	orrect to the best of my knowled	ge.
Driver Signature		Date
Driver Comments:		
Coach or School Representative Signature		Date