

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 8/25/23. Date of Event 10/16-10/17

Organization Beta Clubs School TCMS/TCCHS Number of Passengers approximately 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): Holiday INN - Bowling Green

Planned Stops To and From: Lunch on Monday and Tuesday

Departing Location: TCCHS- TCMS Date of Departure: OCT 16 Time of Departure: 8:30 AM

Returning Location: TCCHS -TCMS Date of Return: OCT 17. Time of Return: 2:30PM

Chaperone/s: Lisa Petrie -Evan Cantarelli 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.
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DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date: Click here to enter a date.
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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.