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: 9/6/23

Date of Event: 11/2/23

Organization: Boy's Basketball

School: TCMS

Number of Passengers: 25 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): Muhlenberg North Middle School, Powderly, KY Planned Stops To and From: Fast Food Time of Departure: 4:00 PM Date of Departure: 11/2/23 Departing Location: TCMS GYM Time of Return: 10:30 PM Date of Return: 11/2/23 Returning Location: TCMS GYM Chaperone's Phone: 270-697-2293 Chaperone/s: Rich Brown Special Requests (Check One) Other: (Explain In Detail) ☐ Wheelchair Accessible ☐ Monitor □Van 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 DRIVER - TURN THIS FORM IN WITH TIMESHEETS Section 3 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. 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: 9/6/23

Date of Event: 11/7/23

Organization: Boy's Basketball

School: TCMS

Number of Passengers: 25

	Monnoe	t OI LassellAeis. T	•	
Type of Trip (Check One)				
☐ In-County Instructional	□In-C	ounty Athletic	☐ Other: (Explain In Detail)	
Out-of-County Instruction	al ⊠ Out-	of-County Athletic		
Out-of-State Instructional	□ Out-	Of-State Athletic		
Destination (Event, City, and State): L	yon Couny Middle School, E	ddyville, KY		
Planned Stops To and From: Fast F	ood			
Departing Location: TCMS GYM	Date of Departure: 11/7/2	23	Time of Departure: 4:00 PM	
Returning Location: TCMS GYM	Date of Return: 11/7/23		Time of Return: 10:30 PM	
Chaperone/s: Rich Brown		Chaperone's	Phone: 270-697-2293	
Special Requests (Check One)				
	elchair Accessible	☐Monitor	☐ Other: (Explain In Detail)	
If requesting the Van, has the person	on driving been certified ar	d approved to driv	re? ☐ Yes ☐ No (Check One)	
Person Driving Van: Click here to enter text. Trip Requested By: Steven McGhee				
Organization Responsible for Payn	nent: Click here to enter	text.	06-600	
Approval of Site Based Council Re	presentative A		Date 9/22/23	
Section 2	DISTI	RICT USE ONLY		
			Date	
Approval of District Representative				
Section 3			<u>VITH TIMESHEETS</u>	
Date/Time of Departure:				
			dometer End:	
I hereby certify that the above info				
Driver Signature			Date	
Driver Comments:			Dete	
Coach or School Representative S	ignature		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: 9/6/23

Date of Event: 11/18/23

Organization: Boy's Basketball

School: TCMS

			Number of Passengers:	25	
Type of Trip (Check One)					
☐ In-County Instructional ☐		☐ In-County Athletic	☐ Other: (Explain In Detail)		
☐ Out-of-County Instructional ☑ Out-of-County		Out-of-County Athletic			
☐ Out-of-State I	nstructional		☐ Out-Of-State Athletic		
Destination (Event, City, and State): One of the Sports Parks, Bowling Green,			arks, Bowling Green, KY		
Planned Stops To and Fr					
Departing Location: TCN	AS GYM	Date of Departur	re: 11/18/23	Time of Departure: TBA	
Returning Location: TCN	AS GYM	Date of Return:	11/18/23	Time of Return: TBA	
Chaperone/s: Rich Brow	n		Chaperone	ne's Phone: 270-697-2293	
Special Requests (Check	(One)				
□Van	□Whee	Ichair Accessible	☐ Monitor	☐ Other: (Explain In Detail)	
if requesting the Van, ha	s the perso	n driving been ce	rtified and approved to d	rive? ☐ Yes ☐ No (Check One)	
Person Driving Van: Click here to enter text. Trip Requested By: Steven McGhee			Requested By: Steven McGhee		
Organization Responsible for Payment: Click here to enter text.					
Approval of Site Based	Council Rep	resentative	H WS	Date 9 (22/23	
Section 2 DISTRICT USE ONLY					
Approval of District Rep	presentative			Date:	
Section 3	•		TURN THIS FORM IN		
				Odometer Start:	
Date/Time of Return:Ode			Odometer End:		
			to the best of my knowle		
• •				Date	
Driver Comments:					
Coach or School Rents	sentative S	ionature		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: 9/6/23 School: TCMS Organization: Boy's Basketball Number of Passengers: 25 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 Cout-of-State Instructional Destination (Event, City, and State): Browning Springs Middle School, Madisonville, KY Planned Stops To and From: Fast Food Time of Departure: 4:00 PM **Departing Location: TCMS GYM** Date of Departure: 11/21/23 Time of Return: 10:30 PM Returning Location: TCMS GYM Date of Return: 11/21/23 Chaperone's Phone: 270-697-2293 Chaperone/s: Rich Brown 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: Click here to enter text. Organization Responsible for Payment: Click here to enter text. Approval of Site Based Council Representative December 2003 **DISTRICT USE ONLY** Section 2 Approval of District Representative ______ Date: _____ **DRIVER - TURN THIS FORM IN WITH TIMESHEETS** Section 3 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:**

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: 9/6/23

Date of Event: 12/4/23

Butto of the grant of the state		
Organization: Boy's Basketball		School: TCMS
Gepak	Number of Passengers: 35	i
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): Foundation Christian	Academy, Bowling Green, K	Y
Planned Stops To and From: Fast Food		
Departing Location: TCMS GYM Date of Departure	e: 12/4/23	Time of Departure: 4:00 PM
Returning Location: TCMS GYM Date of Return: 1	12/4/23	Time of Return: 10:30 PM
Chaperone/s: Rich Brown + Gaseae 12202CK	Chaperone's	Phone: 270-697-2293 /270-305-2782
Special Requests (Check One)		
□ Van □ Wheelchair Accessible	☐ Monitor	☐ Other: (Explain In Detail)
If requesting the Van, has the person driving been cer	tified and approved to drive	e? □Yes □No (Check One)
Person Driving Van: Click here to enter text.	Trip Ro	equested By: Steven McGhee
Organization Responsible for Payment: Click here	enter text.	Date 9(22/83
Approval of Site Based Council Representative	DateDate	
Section 2	DISTRICT USE ONLY	
A of Pictrict Depresentative		Date:
Section 3 DRIVER –	TURN THIS FORM IN W	
Date/Time of Departure:	Od	lometer Start:
Date/Time of Return:	dometer End:	
I hereby certify that the above information is correct	to the best of my knowledg	e.
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: 12/21/23 Date of Request: 9/6/23 School: TCMS Organization: Boy's Basketball Number of Passengers: 25 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): Russellville High School, Russellville, KY Planned Stops To and From: Fast Food Time of Departure: 4:30 PM Date of Departure: 12/21/23 Departing Location: TCMS GYM Time of Return: 10:00 PM Returning Location: TCMS GYM Date of Return: 12/21/23 Chaperone's Phone: 270-697-2293 Chaperone/s: Rich Brown Special Requests (Check One) ☐ Other: (Explain In Detail) ☐ Monitor □Wheelchair Accessible □Van If requesting the Van, has the person driving been certified and approved to drive?

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 **DRIVER - TURN THIS FORM IN WITH TIMESHEETS** Section 3 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 ___

Date

Coach or School Representative Signature

Driver Comments:

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: 9/6/23

Date of Event: 1/4/24

Organization: Boy's Basketball

School: TCMS

Number of Passengers: 25

Type of Trip (Check One)				
☐ In-County Instructional		In-County Athletic	☐ Other: (Explain In Detail)	
Out-of-County Instructions	al 🗵	Out-of-County Athletic		
☐ Out-of-State Instructional		Out-Of-State Athletic		
Destination (Event, City, and State): F	ranklin-Simpson Middle	School, Franklin, KY		
Planned Stops To and From: Fast Fo	ood			
Departing Location: TCMS GYM	Date of Departure:	14/24	Time of Departure: 4:00 PM	
Returning Location: TCMS GYM	Date of Return: 1/4/	2.4	Time of Return: 10:30 PM	
Chaperone/s: Rich Brown		Chaperone	's Phone: 270-697-2293	
Special Requests (Check One)				
□Van □Whee	elchair Accessible	□Monitor	☐ Other: (Explain In Detail)	
If requesting the Van, has the perso	on driving been certifi	d and approved to dr	ive? □Yes □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 Date 9/22/87				
Approval of Site Based Council Re	presentative	P100(8)	Date / Coo (C)	
Section 2		ISTRICT USE ONLY		
Approval of District Representative	3	• • • • • • • • • • • • •	Date:	
Section 3			WITH TIMESHEETS	
Date/Time of Departure:		(Odometer Start:	
			Odometer End:	
I hereby certify that the above info	rmation is correct to t	ne best of my knowle	dge.	
Driver Signature			Date	
Driver Comments:				
Coach or School Representative S	ignature		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: 9/6/23 School: TCMS Organization: Boy's Basketball Number of Passengers: 25 Type of Trip (Check One) ☐ Other: (Explain In Detail) ☐ In-County Athletic ☐ In-County Instructional ☐ Out-of-County Instructional ☐ Out-Of-State Athletic ☐ Out-of-State Instructional Destination (Event, City, and State): Logan County High School, Russellville, KY Planned Stops To and From: Fast Food Time of Departure 3:30 PM Date of Departure: 1/6/24 Departing Location: TCMS GYM Time of Return: 10:00 PM Date of Return: 1/6/24 Returning Location: TCMS GYM Chaperone's Phone: 270-697-2293 Chaperone/s: Rich Brown Special Requests (Check One) ☐ Other: (Explain In Detail) □Van ☐ Wheelchair Accessible ☐ Monitor 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: Steven McGhee Organization Responsible for Payment: Click here to enter tex 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: _____ 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: 9/6/23

Date of Event: 1/9/24

Organization: Boy's Basketball

School: TCMS

		I	Number of Passengers	25
Type of Trip (Check One)				
☐ in-County Instru	☐ In-County Instructional ☐ In-County Athletic		☐ In-County Athletic	☐ Other: (Explain In Detail)
☐ Out-of-County I	nstruction	al	☑ Out-of-County Athletic	:
☐ Out-of-State Ins	structional		Out-Of-State Athletic	:
Destination (Event, City, an	d State): J	ames Bazzell Middle	School, Scottsville, KY	
Planned Stops To and From	m: Fast F	ood		
Departing Location: TCMS	S GYM	Date of Departure	e: 1/9/24 Time of Departure: 4:00 PM	
Returning Location: TCM	s gym	Date of Return: 1/	9/24	Time of Return: 10:00 PM
Chaperone/s: Rich Brown			Chaperon	e's Phone: 270-697-2293
Special Requests (Check (One)			
□Van	□Whe	elchair Accessible	☐ Monitor	☐ Other: (Explain In Detail)
If requesting the Van, has	the perso	on driving been cert	ified and approved to d	rive? ☐ Yes ☐ No (Check One)
Person Driving Van: Click here to enter text. Trip Requested By: Steven McGhee				
Organization Responsible	for Payn	nent: Click here to	enter text.	0/12/28
Approval of Site Based C	ouncil Re	presentative 🥒	W/Wh	Date 9 (22 (23
Approval of Site Based Council Representative Date 9(22(25)) Section 2 District USE ONLY				
				Date
Approval of District RepresentativeDate:				
Section 3			URN THIS FORM IN	
Date/Time of Departure: Odometer Start:				
Date/Time of Return: Odometer End:				
I hereby certify that the a				
Driver Signature				Date
Driver Comments:				
Coach or School Repres	entative S	ignature		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: 9/6/23			Date of Event: 1/18/24	
Organization: Boy's Basketball			School: TCMS	
		Number of Passenge	rs: 25	
Type of Trip (Check One)				
☐ In-County Instru	ıctional	☐ In-County Athletic	☐ Other: (Explain In Detail)	
☐ Out-of-County le	nstructional	☑ Out-of-County Athl	etic	
☐ Out-of-State Ins	structional	☐ Out-Of-State Athl	ețic	
Destination (Event, City, an	d State): UHA, Hopkinsville,	KY		
Planned Stops To and From	m: Fast Food			
Departing Location: TCMS	S GYM Date of Depart	ure: 1/18/24	Time of Departure: 4:30 PM	
Returning Location: TCM	S GYM Date of Return	: 1/18/24	Time of Return: 10:00 PM	
Chaperone/s: Rich Brown		Chaper	one's Phone: 270-697-2293	
Special Requests (Check (One)			
□Van	☐Wheelchair Accessible	☐ Monitor	☐ Other: (Explain In Detail)	
If requesting the Van, has	the person driving been c	ertified and approved to	o drive?	
Person Driving Van: Click	chere to enter text.	1	rip Requested By: Steven McGhee	
Organization Responsible	/	to enter text	8/12/27	
Approval of Site Based C	ouncil Representative	yn als	Date Mas (2)	
Section 2		DISTRICT USE ON	ILY	
A L CDI-A-I-A Dama	mt-stive		Date:	
Approval of District Repr			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 a	bove information is correct	ct to the best of my kno	wledge.	
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: 9/6/23 School: TCMS Organization: Boy's Basketball **Number of Passengers: 25** 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): Hopkinsville Middle School, Hopkinsville, KY Planned Stops To and From: Fast Food Time of Departure: 4:30 PM Date of Departure: 1/23/24 Departing Location: TCMS GYM Time of Return: 10:00 PM Returning Location: TCMS GYM Date of Return: 1/23/24 Chaperone's Phone: 270-697-2293 Chaperone/s: Rich Brown Special Requests (Check One) ☐ Other: (Explain In Detail) ☐ Wheelchair Accessible ☐ Monitor □Van Trip Requested By: Steven McGhee Person Driving Van: Click here to enter text. Organization Responsible for Payment: Click here/to-enter-tex 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 _____

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: Thursday, Oct 5, 2023 Date of Request: September 15, 2023 Organization: Special Ed School: TCMS Number of Passengers: 7 students 5 adults 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): Christian Way Farm, Hopkinsville, KY Planned Stops To and From: None Departing Location: TCMS Date of Departure: Thursday, Oct 5 Time of Departure: 10:00 Returning Location: TCMS Date of Return: Thursday, Oct 5 Time of Return: 2:00 Chaperone's Phone: 270-604-3697 Chaperone/s: Heather Key Special Requests (Check One) □Other: (Explain In Detail) ■ Monitor ☐Wheelchair Accessible □Van If requesting the Van, has the person driving been certified and approved to drive?

No (Check One) Trip Requested By: Click here to enter text. 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 **DRIVER - TURN THIS FORM IN WITH TIMESHEETS** Section 3 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)

ı	Date of Request: Septemb	ber 15, 2023 D a	te of Event: Wednesda	y, October 18, 2023	
	Organi	zation: Special Ed	School: TCMS		
	Number	of Passengers: 7 stu	dents 5 adults		
Type of Trip (Check One)					
☐In-County Instruct	ional	☐ In-County Athletic		☐Other: (Explain In Detail)	
Out-of-County Ins	tructional	□ Out-of-County Athle	tic		
☐ Out-of-State Instru	□ Out-of-State Instructional □ Out-Of-State Athletic				
Destination (Event, City, and	State): Dream Riders, Ru	issellville, KY			
Planned Stops To and From:	: Russellville Park				
Departing Location: TCMS	Date of Departure: Wedn	esday, October 18,	Time of Departure: 9:00)	
Returning Location: TCMS	Date of Return: Wedneso	lay, October 18, Ti	me of Return: 2:00		
Chaperone/s: Heather Key	Chaperone's Phone: 2	70-604-3697			
Special Requests (Check One	e)				
□Van [□Wheelchair Accessible	□Monitor	☐ Other: (Expla	ain In Detail)	
If requesting the Van, has the	e person driving been cert	ified and approved to	drive? □Yes □No (Ch	neck One)	
Person Driving Van: Click h	ere to enter text.	Tri	p Requested By: Click h	ere to enter text.	
Organization Responsible fo	r Payment: Click here to	enter text.		0/ - 10-	
Approval of Site Based Cour	ncil Representative	DW8	************		
Section 2	/	DISTRICT USE ONL	<u>Y</u>		
				Deter	
Approval of District Represe	ntative			Date:	
Section 3	DRIVER - T	URN THIS FORM IN	WITH TIMESHEETS		
Date/Time of Departure:			Odometer Start:		
Date/Time of Return:			Odometer End:		
I hereby certify that the abov	e information is correct to	the best of my knowle	edge.		
Driver Signature				Date	
Driver Comments:					
Coach or School Representa	tive 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: 9/6/23

Date of Event: 10/28/23

Organization: Girl's Basketball

School: TCMS

Number of Passengers: 25 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): Christian County High School, Hopkinsville, KY Planned Stops To and From: Fast Food Time of Departure: TBA Date of Departure: 10/28/23 **Departing Location: TCMS GYM** Time of Return: TBA Date of Return: 10/28/23 Returning Location: TCMS GYM Chaperone's Phone: 270-305-2782 Chaperone/s: George Riddick Special Requests (Check One) Other: (Explain In Detail) ☐ Monitor □Wheelchair Accessible □Van 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 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. 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: 9/6/23

Date of Event: 11/14/23

Organization: Girl's Basketball

School: TCMS

Number of Passengers: 25 Type of Trip (Check One) ☐ Other: (Explain In Detail) ☐ In-County Athletic ☐ In-County Instructional Out-of-County Athletic
 Out-of-Count ☐ Out-of-County Instructional Out-Of-State Athletic ☐ Out-of-State Instructional Destination (Event, City, and State): Moss Middle School, Bowling Green, KY Planned Stops To and From: Fast Food Time of Departure: 4:00 PM Date of Departure: 11/14/23 Departing Location: TCMS GYM Time of Return: 10:30 PM Date of Return: 11/14/23 Returning Location: TCMS GYM **Chaperone's Phone: 270-305-2782** Chaperone/s: George Riddick Special Requests (Check One) ☐ Monitor ☐ Other: (Explain In Detail) ☐ Wheelchair Accessible □Van 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 **DRIVER -- TURN THIS FORM IN WITH TIMESHEETS** Section 3 Date/Time of Departure: ______ Odometer Start: _____ Odometer End: ____ 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

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: 9/6/23

Date of Event: 11/16/23

Organization: Girl's Basketball

School: TCMS

9					
		Number of Passengers	:: 25		
Type of Trip (Check One)					
☐ In-County Instructional		☐ In-County Athletic	☐ Other: (Explain In Detail)		
☐ Out-of-County Instruction	nal	☑ Out-of-County Athletic			
☐ Out-of-State Instructional	I	☐ Out-Of-State Athletic			
Destination (Event, City, and State):	Trigg County Middle S	School, Cadiz, KY			
Planned Stops To and From: Fast F	Food				
Departing Location: TCMS GYM	Date of Departure	e: 11/16/23	Time of Departure: 4:00 PM		
Returning Location: TCMS GYM	Date of Return: 1	1/16/23	Time of Return: 10:30 PM		
Chaperone/s: George Riddick		Chaperon	erone's Phone: 270-305-2782		
Special Requests (Check One)					
□Van □Whe	elchair Accessible	☐ Monitor	☐ Other: (Explain In Detail)		
If requesting the Van, has the person	on driving been cert	ified and approved to d	rive? □Yes □No (Check One)		
Person Driving Van: Click here to enter text. Trip Requested By: Steven McGhee					
Organization Responsible for Payn	nent: Click here to	enter text.	0/22/02		
Approval of Site Based Council Representative					
Section 2	χ,	DISTRICT USE ONLY			
			Date:		
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 S	ignature		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: 11/18/23 Date of Request: 9/6/23 School: TCMS Organization: Girl's Basketball Number of Passengers: 25 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): One of the Parks, Bowling Green, KY Planned Stops To and From: Fast Food Time of Departure:TBA Date of Departure: 11/18/23 Departing Location: TCMS GYM Time of Return: TBA Date of Return: 11/18/23 Returning Location: TCMS GYM Chaperone's Phone: 270-305-2782 Chaperone/s: George Riddick Special Requests (Check One) ☐ Other: (Explain In Detail) ☐ Monitor ☐ Wheelchair Accessible □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: Click here to enter text. Organization Responsible for Payment: Click here to enter text. Date 9(22(2) 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: _____ _____ 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 Event: 11/20/23 Date of Request: 9/6/23 School: TCMS Organization: Girl's Basketball **Number of Passengers: 25** 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): Bowling Green Jr High, Bowling Green, KY Planned Stops To and From: Fast Food Time of Departure: 4:00 PM **Departing Location: TCMS GYM** Date of Departure: 11/20/23 Time of Return: 10:30 PM Returning Location: TCMS GYM Date of Return: 11/20/23 Chaperone's Phone: 270-305-2782 Chaperone/s: George Riddick Special Requests (Check One) ☐ Other: (Explain In Detail) ☐ Wheelchair Accessible ☐ Monitor □Van 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 Date 9(22 DISTRICT USE ONLY Section 2 DRIVER - TURN THIS FORM IN WITH TIMESHEETS Section 3 Odometer Start: _____ Date/Time of Departure: Odometer End: _____ I hereby certify that the above information is correct to the best of my knowledge. 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 Event: 11/30/23 Date of Request: 9/6/23 School: TCMS Organization: Girl's Basketball **Number of Passengers: 25** Type of Trip (Check One) ☐ Other: (Explain In Detail) ☐ In-County Athletic ☐ In-County Instructional ☐ Out-of-County Instructional ☐ Out-Of-State Athletic Out-of-State Instructional Destination (Event, City, and State): Christian County Middle School, Hopkinsville, KY Planned Stops To and From: Fast Food Time of Departure: 4:30 PM **Departing Location: TCMS GYM** Date of Departure: 11/30/23 Time of Return: 10:00 PM Date of Return: 11/30/23 Returning Location: TCMS GYM Chaperone's Phone: 270-305-2782 Chaperone/s: George Riddick Special Requests (Check One) □Wheelchair Accessible ☐ Monitor Other: (Explain In Detail) □Van Trip Requested By: Steven McGhee Person Driving Van: Click here to enter text. Organization Responsible for Payment: Click here to enter text Date 9/22/23 Approval of Site Based Council Representative DISTRICT USE ONLY Section 2 Approval of District Representative **DRIVER - TURN THIS FORM IN WITH TIMESHEETS** Section 3 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: 9/6/23 School: TCMS Organization: Girl's Basketball Number of Passengers: 25 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): Franklin-Simpson Middle School, Franklin, KY Planned Stops To and From: Fast Food Time of Departure: 4:00 PM Date of Departure: 12/7/23 Departing Location: TCMS GYM Time of Return: 10:00 PM Date of Return: 12/7/23 Returning Location: TCMS GYM Chaperone's Phone: 270-305-2782 Chaperone/s: George Riddick Special Requests (Check One) ☐ Other: (Explain In Detail) ☐ Monitor ☐ 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 **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

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: 12/12/23 Date of Request: 9/6/23 School: TCMS Organization: Girl's Basketball Number of Passengers: 25 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): Hopkinsville Middle School, Hopkinsville, KY Planned Stops To and From: Fast Food Time of Departure: 4:30 PM Date of Departure: 12/12/23 Departing Location: TCMS GYM Time of Return: 10:00 PM Date of Return: 12/12/23 Returning Location: TCMS GYM Chaperone's Phone: 270-305-2782 Chaperone/s: George Riddick Special Requests (Check One) Other: (Explain In Detail) ☐ Monitor ☐ Wheelchair Accessible □Van If requesting the Van, has the person driving been certified and approved to drive? 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 ______ Date _____ DISTRICT USE ONLY Section 2 Approval of District Representative **DRIVER - TURN THIS FORM IN WITH TIMESHEETS** Section 3 Odometer Start: _____ Date/Time of Departure: ____ Odometer End: _____ I hereby certify that the above information is correct to the best of my knowledge. 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 Event: 12/14/23

Date of Request: 9/6/23 School: TCMS Organization: Girl's Basketball Number of Passengers: 25 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): Logan County High School, Russellville, KY Planned Stops To and From: Fast Food Time of Departure: 4:30 PM Date of Departure: 12/14/23 **Departing Location: TCMS GYM** Time of Return: 10:00 PM Date of Return: 12/14/23 Returning Location: TCMS GYM Chaperone's Phone: 270-305-2782 Chaperone/s: George Riddick 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: 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 DRIVER - TURN THIS FORM IN WITH TIMESHEETS Section 3 _____ Odometer Start: _____ Date/Time of Departure: Odometer End: _____ 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 ______

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: 9/6/23

Date of Event: 1/11/24

Organization: Girl's Basketball

School: TCMS

Number of Passengers: 25 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): Russellville High School, Russellville, KY Planned Stops To and From: Fast Food Time of Departure: 4:30 PM Date of Departure: 1/11/24 Departing Location: TCMS GYM Time of Return: 10:00 PM Date of Return: 1/11/24 Returning Location: TCMS GYM Chaperone's Phone: 270-305-2782 Chaperone/s: George Riddick Special Requests (Check One) Other: (Explain In Detail) ☐ Monitor ☐ Wheelchair Accessible □Van If requesting the Van, has the person driving been certified and approved to drive? Trip Requested By: Steven McGhee Person Driving Van: Click here to enter text. Organization Responsible for Payment: Click here to entertext. Approval of Site Based Council Representative **DISTRICT USE ONLY** Section 2 Approval of District Representative **DRIVER - TURN THIS FORM IN WITH TIMESHEETS** Section 3 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 ____