

**TRIP REQUEST - OVERNIGHT**  
(Student)

*This form must be submitted to the Superintendent according to the schedule required for placement on the monthly Board Agenda.*

SPONSORING CLUB/ACTIVITY LES 5<sup>th</sup> Grade

NAMES OF SPONSORS Troy Clifton, Tami Clayton, Sam Potter  
Brenda Sceifres

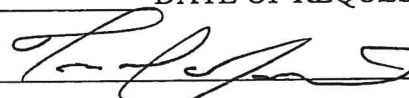
TRIP DESTINATION Camp Joy, Warren County, OH

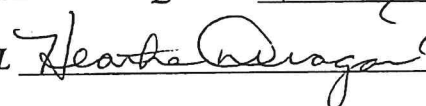
PURPOSE Impact educational content through experiential outdoor learning

DATE OF TRIP 4/11/24 - 4/12/24 NUMBER OF STUDENTS \_\_\_\_\_

NAMES OF CHAPERONS Troy Clifton, Tami Clayton, Sam Potter,  
Brenda Sceifres, Additional Staff and Parents w/background check.  
Tim Chenot

PERSON REQUESTING Troy Clifton DATE OF REQUEST 11/30/23

SIGNATURE OF PERSON MAKING REQUEST 

SIGNATURE OF PRINCIPAL  SCHOOL Lincoln Elem.

APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_

SIGNATURE OF SUPERINTENDENT 