School-Related Student Day Trip and Overnight Trip Request Forms

THIS FORM MUST BE SUBMITTED TO THE PRINCIPAL TWO (2) WEEKS PRIOR TO THE TRIP IF BOARD APPROVAL IS REQUIRE THE BOARD MUST RECEIVE THE FORM AT LEAST TWO (2) TWO WEEKS IN ADVANCE OF TRIP	T)
AUTODA ATTON	
Name of all chaperones Nich Whitledge, Megan Thornberry	
Where will the group be going? Bab Jones H.S., Madison, AL	
Purpose of the trip Soft ball Tournament	
*If the trip is a State Competition Trip, meals will be reimbursed at a daily rate of \$40.00, and must be accompani	ed
by receipts When is it to be held? Date 4/4/24 Departure Time 4/3/24	
Estimated Travel Time 4: /C	
5 City Macison State AL Estimated Distance (Round trip) 500 Miles	
Place of overnight lodging (name, address & phone #) Home 2 Svites by Hilton	
Madison Huntville Airport, 135 Graphics Dr., Madison, AC 35758	
Soft ball Team	
9 Cost to students Cost to school organization \$5,000 Cost to Board	
10. Describe the relevance of the trip: educational, cultural, etc./educational activities	
Sports	
11 Other activities planned None	
12. How will this trip benefit your students? Conget trow, teach by Ling	
13. Type of transportation used Parent	
14. Have trip permission slips been signed and are they in the possession of trip spensor or leader?	
Yes No IFNO, indicate why: At and water needed	
1-2-24 and 11 17 24	
Sponsor's Signature Date Principal's Signature Date	
Trip has been a approved a disapproved. Reason for disapproval	
Simultane of Superintendent/Decimage Date Board Approval Date	
Signature of Superintendent/Designee Date Board Approvat Date	