

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 REQUIRED, THE BOARD MUST RECEIVE THE FORM AT LEAST TWO(2) WEEKS IN ADVANCE OF TRIP.

INFORMATION

- 1. Sponsor's Name Jon Newton Club or Dep. Baseball
- 2. Name of all chaperones Jon Newton Micah Dunn Mike Combs
- 3. Where will the group be going? Bardstown
- 4. Purpose of the trip. Tournament
- 5. When is it to be held? Date 4/1 - 4/3 Departure Time TBD
Estimated Travel Time 3 hours
- 6. City Bardstown State KY Estimated Distance (Round Trip) _____
- 7. Place of overnight lodging (name, address & phone #) Holiday Inn Express
- 8. Identify students by name (Use attached sheet if necessary) Baseball team
- 9. Cost to students 0 Cost to school organization \$2,500 Cost to Board 0
- 10. Describe the relevance of the trip: educational, cultural, etc./educational activities _____
- 11. Other activities planned None
- 12. How will this trip benefit your students? Team building, competition
- 13. Type of transportation used Bus
- 14. Have trip permission slips been signed and are they in the possession of trip sponsor or leader?
 Yes No If NO, indicate why: None needed

[Signature] 1-9-24 [Signature] 1/9/24
 Sponsor's Signature Date Principals Signature Date

Trip has been ___ approved ___ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee _____ Date _____ Board Approval Date _____

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INFORMATION

- Sponsor's Name Cory Garrard Club or Dept Boys Basketball
- Name of all chaperones Coaches: Jon Parner, Jeremy Garrett, Todd Whitsell
- Where will the group be going? Owensboro, Ky
- Purpose of the trip 2A State Tournament
 *If the trip is a State Competition Trip, meals will be reimbursed at a daily rate of \$40.00, and must be accompanied by receipts.
- When is it to be held? Date 1/12/24-1/14/24? Departure Time 1/11/24 4:30 PM
 Estimated Travel Time 1 hour
- City Owensboro State Ky Estimated Distance (Round trip) 90 mi.
- Place of overnight lodging (name, address & phone #) Hampton Inn South, 615 Salem Dr. Owensboro, Ky (270) 926-2006
- Identify students by name (use attached sheet, if necessary) Basketball Team - Varsity Roster
- Cost to students _____ Cost to school organization _____ Cost to Board _____
- Describe the relevance of the trip: educational, cultural, etc./educational activities Athletic - 2A state tournament
- Other activities planned None
- How will this trip benefit your students? _____

13. Type of transportation used Bus

14. Have trip permission slips been signed and are they in the possession of trip sponsor or leader?
 Yes No If NO, indicate why: _____

Sponsor's Signature Cory Garrard Date 1/9/24 Principal's Signature [Signature] Date 1/9/24

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee _____ Date _____ Board Approval Date _____

RELATED PROCEDURES: