

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP CASEY Williams

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SOFTBALL

DESTINATION HART CO. ADDRESS 1014 S. Dixie Hwy, Murfreesville

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3-9-24 DEPARTURE TIME 8:00 RETURN TIME 4:00

SOURCE OF FUNDING FOR TRIP ATHLETICS

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 17

EAP: Person contacted at venue to discuss EAP: Chad Griffin Person making contact: Mike Smith

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: On site

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: On site

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

CASEY WILLIAMS (CPR)
CHUCK CASE

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

[Signature] 1-9-24
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative [Signature] Date 1-30-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time 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 Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP CASEY WILLIAMS

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SOFTBALL

DESTINATION FT. CAMPBELL ADDRESS 912 Carleton Rd, Ft. Campbell

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3-19-24 DEPARTURE TIME 4:00 RETURN TIME 10:00

SOURCE OF FUNDING FOR TRIP ATHLETICS

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 17

EAP: Person contacted at venue to discuss EAP: Ben Cardwell Person making contact: Mike Smith

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: On site

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: On site

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

CASEY WILLIAMS (CPR)

CHUCK CASE

Walt Hinton

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

[Signature]
Signature of Faculty Sponsor

1-19-24
Date

Approval of Site Based Council Representative [Signature] Date 1-30-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time 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 Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP CASEY WILLIAMS

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SOFTBALL

DESTINATION CUMBERLAND CO. PA ADDRESS 233 Veterans St, Burkertville

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3-30-24 DEPARTURE TIME TBD RETURN TIME TBD

SOURCE OF FUNDING FOR TRIP ATHLETICS

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 17

EAP: Person contacted at venue to discuss EAP: Kristen Anderson Person making contact: Mike Smith

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: _____

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: _____

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

CASEY WILLIAMS (CPR)

CHUCK CASE

Walt Higdon

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

[Signature]
Signature of Faculty Sponsor

1-19-24

Date

Approval of Site Based Council Representative [Signature]

Date 1-30-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time 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 Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP CASEY WILLIAMS

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SOFTBALL

DESTINATION CHRISTIAN CO. ADDRESS 220 Glass Ave, Hopkinsville

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4-18-24 DEPARTURE TIME 4:00 RETURN TIME 10:00

SOURCE OF FUNDING FOR TRIP ATHLETICS

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 17

EAP: Person contacted at venue to discuss EAP: John Wheeler Person making contact: Mike Sault

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: On site

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: On site

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

CASEY WILLIAMS (CPR)
CHUCK CASE

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

[Signature]
Signature of Faculty Sponsor

4-18-24
Date

Approval of Site Based Council Representative [Signature]

Date 4-30-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time 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 Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP CASEY WILLIAMS

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SOFTBALL

DESTINATION Hopkins Co. ADDRESS 6625 Hopewille Rd. Madisville

Overnight; give name, address, phone of lodging.

DATE(S) OF TRIP 4-19-24 DEPARTURE TIME 4:00 RETURN TIME 10:00

SOURCE OF FUNDING FOR TRIP ATHLETICS

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 17

EAP: Person contacted at venue to discuss EAP: ACOTIN BYNUM Person making contact: MIKE SMITH

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: On site

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: On site

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

CASEY WILLIAMS (CPR)

CHUCK CASE

Walt Nisler

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

[Signature]
Signature of Faculty Sponsor

19-19-24
Date

Approval of Site Based Council Representative [Signature] Date 1-30-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time 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 Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCLHS FACULTY MEMBER(S) SPONSORING TRIP CASEY Williams

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SOFTBALL

DESTINATION RUSSELLVILLE ADDRESS 1101 W. 9th St. Russellville

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4-23-24 DEPARTURE TIME 4:00 RETURN TIME 7:00

SOURCE OF FUNDING FOR TRIP ATHLETICS

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 17

EAP: Person contacted at venue to discuss EAP: Ryan Davenport Person making contact: M. Ko Smith

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: On site

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: On site

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

CASEY Williams (CPR)
CHUCK CASIE

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Casey Williams
Signature of Faculty Sponsor

1-19-24

Date

Approval of Site Based Council Representative [Signature]

Date 1-30-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time 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 Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP CASEY WILLIAMS

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SOFTBALL

DESTINATION BOWLING GREEN ADDRESS 1801 Rockingham Ln. Bowling Green

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4-25-24 DEPARTURE TIME 4:00 RETURN TIME 10:00

SOURCE OF FUNDING FOR TRIP ATHLETICS

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 17

EAP: Person contacted at venue to discuss EAP: Calvin Hood Person making contact: Mike Smith

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: On site

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: On site

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

CASEY WILLIAMS (CPR)

CHUCK CURR

Walt Hood

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

David Wain
Signature of Faculty Sponsor

1-19-24
Date

Approval of Site Based Council Representative [Signature] Date 1-30-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time 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 Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCCMS FACULTY MEMBER(S) SPONSORING TRIP CASEY Williams

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCMS Suffolk/Athletic

DESTINATION Logan Co. ADDRESS 2200 Bowling Green Rd. Russellville

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4-30-24 DEPARTURE TIME 4:00 RETURN TIME 10:00

SOURCE OF FUNDING FOR TRIP ATHLETICS

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 17

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: Mike Smith

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: On site

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: On site

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

CASEY Williams (CPR)
CHUCK CASE

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

[Signature] 1-19-24
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative [Signature] Date 1-30-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time 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 Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP CASEY Williams

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SOFTBALL

DESTINATION HERITAGE Christian ADDRESS 8349 Eagle Way, Hyatt, Hopkinton

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 5-2-24 DEPARTURE TIME 4:00 RETURN TIME 10:00

SOURCE OF FUNDING FOR TRIP Athletics

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 17

EAP: Person contacted at venue to discuss EAP: Matt McGowan Person making contact: Mike Smith

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: On site

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: On site

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

CASEY Williams (CPR)
CHUCK CASE

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Casey Williams 1-19-24
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative [Signature] Date 1-30-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time 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 Signature _____ Date _____

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP CASEY WILLIAMS

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SOFTBALL

DESTINATION McLEAN Co. ADDRESS 1859 Hwy 130E Cathlamet

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 5-3-24 DEPARTURE TIME 4:00 RETURN TIME 10:00

SOURCE OF FUNDING FOR TRIP ATHLETICS

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 17

EAP: Person contacted at venue to discuss EAP: Justin Cook Person making contact: Mike Smith

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: On site

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: On site

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

CASEY WILLIAMS (CPR)

CHUCK CROSBY

WALT AGDEN

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Casey Williams
Signature of Faculty Sponsor

1-19-24

Date

Approval of Site Based Council Representative [Signature] Date 1-30-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time 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 Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP CASEY WILLIAMS

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SFRBACU

DESTINATION UMA ADDRESS 1300 Academy Dr. Hoptonville

Overnight; give name, address, phone of lodging: _____

DATE(S) OF TRIP 5-6-24 DEPARTURE TIME 4:00 RETURN TIME 10:00

SOURCE OF FUNDING FOR TRIP Athletics

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 17

EAP: Person contacted at venue to discuss EAP: Taylor Sparks Person making contact: Mike Smith

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: On site

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: On site

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

CASEY WILLIAMS (CPR)
CHUCK WISA

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

[Signature] 1-19-24
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative [Signature] Date 1-30-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time 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 Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCLMS FACULTY MEMBER(S) SPONSORING TRIP CASEY WILLIAMS

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SOFTBALL

DESTINATION FRANKLIN SIMPSON ADDRESS 721 WARD

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 5-7-24 DEPARTURE TIME 4:00 RETURN TIME 10:00

SOURCE OF FUNDING FOR TRIP Athletics

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 17

EAP: Person contacted at venue to discuss EAP: Matthew W. S. Jr. Person making contact: Mike S. Jr.

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: _____

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: _____

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

CASEY WILLIAMS (CPR)

CHRIS CASE

WALT HIGDON

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Casey Williams
Signature of Faculty Sponsor

1-19-24
Date

Approval of Site Based Council Representative [Signature]

Date 1-30-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time 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 Signature _____ Date _____

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP CASIE WILLIAMS

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SOFTBALL

DESTINATION OHIO CO. ADDRESS 1400 S. Main St., Hartford

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 5-10-24 DEPARTURE TIME 4:00 RETURN TIME 10:00

SOURCE OF FUNDING FOR TRIP Athletic

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 18

EAP: Person contacted at venue to discuss EAP: Matt Brisson Person making contact: Mike Paritz

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: On site

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: On site

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

CASIE WILLIAMS (CPR) _____

CHUCK CASIE _____

Walt Higdon _____

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Casie Williams _____ Date 5-19-24

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative [Signature] Date 5-30-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time 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 Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP CASEY WILLIAMS

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SFTSALL

DESTINATION Edmonson Co. ADDRESS 200 Wildcat Way, Brownsville

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 5-13-24 DEPARTURE TIME 9:00 RETURN TIME 10:00

SOURCE OF FUNDING FOR TRIP ATHLETICS

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 17

EAP: Person contacted at venue to discuss EAP: Kyle Pierce Person making contact: M. K. Drake

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Onsite

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: Onsite

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

CASEY WILLIAMS (CPR)

CHRIS SAGE

WALTER H. ISDOR

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

[Signature]
Signature of Faculty Sponsor

1-19-24
Date

Approval of Site Based Council Representative [Signature] Date 1-30-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time 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 Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Lisa Petrie

TYPE OF TRIP (CHECK ONE): Kelli Templeman

Organization requesting the Trip / Organization responsible for Payment: Youth Services Center

DESTINATION GROVES COUNTY EXT. OFFICE ADDRESS 4200 US-45 Mayfield KY 42066

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP March 27 2024 DEPARTURE TIME _____ RETURN TIME 4-4:30pm

SOURCE OF FUNDING FOR TRIP Youth Services Center

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: Kelli Templeman

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: _____

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: _____

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
Kelli Templeman yes But not up to date
Lisa Petrie _____

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Kelli Templeman 1-25-24
Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative [Signature] Date 1-30-24

District Use Only

Section 2
Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3
Date/Time Departure: _____ Odometer Start: _____
Date/Time 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 Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Holly Lawson / Nina Pae

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: CBI - Special Education

DESTINATION Alhambra Theater ADDRESS 501 S Main Street - Hopkinsville + Wendys

Overnight; give name, address, phone of lodging on Ft. Campbell Blvd.
+ Wendys (Lunch 15\$)

DATE(S) OF TRIP 2/20/24 DEPARTURE TIME 10:15 RETURN TIME 1:30

SOURCE OF FUNDING FOR TRIP Self pay

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 37

EAP: Person contacted at venue to discuss EAP: Molly Campbell Person making contact: Holly Lawson

Is there an Automated External Defibrillator (AED) on site? Yes No If yes, where: _____

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: _____

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Holly Lawson
Nina Pae
Elizabeth Blake

Danette Campbell - CPR Certified
Jessica Jones
Rochelle Willis

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Holly Lawson
Signature of Faculty Sponsor

1/9/24
Date

Approval of Site Based Council Representative [Signature] Date 1-30-24

District Use Only

Section 2

Approval of District Representative [Signature] Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time 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 Signature _____ Date _____

Van Only

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Rkb McAir

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Indoor Track/Athletics

DESTINATION Norton's Healthcare Sports ADDRESS 3029 W. Muhammad Ali Blvd, Lewisville

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2/17/24 DEPARTURE TIME 5:00AM RETURN TIME 9:00PM

SOURCE OF FUNDING FOR TRIP TCHS Athletics

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS 3-4 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 5-6

EAP: Person contacted at venue to discuss EAP: Frank Miklavic Person making contact: Mike Smith

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: On site

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: On site

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Coaches _____

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Walsh Signature of Faculty Sponsor Date 1/24/24

Approval of Site Based Council Representative [Signature] Date 1-25-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time 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 Signature _____ Date _____