SUBMIT THIS FORM	☐ ONE WEEK	☐ TWO WEEKS	☐ OTHER, SPECIFY	PRIOR TO THE TE	UP.
SCHOOL ACCTO	FACUL	TY MEMBER(S) SP	ONSORING TRIP MON	deth transmel a Lesi	ic Stovall
TYPE OF TRIP (CHECK ON	E):				
☐ Classroom Field Tr	ip□ Class Trij	p (i.e., junior, se	enior), specify		
☑ Organization/Club	Trip, specify	DECA	Other (at	hletic, band, if applicabl	(e)
DESTINATION HYATT PAGE	cy Louisnile At	DDRESS 320 W. J	efferun 81 PHONE 51	02-581-1234	
Out of State (or County	☐ Within Cot	inty	·- 0. 0.	
220 we wife to	me, address, pr	none of lodging	Hyatt Regency U	misulic Duntum	<u></u>
DATES OF TRIB MICL 2	or of way	wille, by 400	202 502-581	<u>-1234</u>	
DATE(S) OF TRIP M(N/Ch 3 PURPOSE/EDUCATIONAL V	VALUE Chadeol	CONCORPORTING	12.00 p.m. RETURN	TIME C.30 pm.	
T CIG OSE/IDD CCITION (AID	ALCE TIVICI	o correspond	wi mais year c	in the state of th	
SOURCE OF FUNDING FOR	TRIP DECIX	- student pay	ment		
Attach a description				limited to lodging	meals
registration, and all ot	her anticipate	d travel expens	ses.	Table 10, roughly	, incais,
NO S	STUDENT SHALL	BE DENIED THE T	RIP BECAUSE OF AN INA	BILITY TO PAY.	
BILL TRIP EXPENSES TO	: SPONSORI	NG ORGANIZATION	ON D SCHOOL COUN	CIL D BOARD D OTHER	, SPECIFY
NUMBER OF STUDENTS	20 EACHT TV	ZEBONGODE 2	→ OTHER CHARERON		
NUMBER OF: STUDENTS TOTAL # OF PART	TICIPANTS 3	2_	OTHER CHAPERON	ES	
MODE OF TRANSPORTATI					
IS DISTRICT TRA	NSPORTATION N	EEDED? INO	TYES, SEE PROCED	URE 09.36 AP.212.	-
□ PRIVATE VEHI	CLE, IF ALLOWE	D BY POLICY; SPI	ECIFY DRIVER(S)		
SUPERVISION (ATTACH I	IST OF NAMES	OF ADULTS ACC	OMPANYING STUDENTS	S ON TRIP.)	
Have all chaperone	s undergone	the required	records check a	and been designated	by the
principal/designee to	supervise stud	dents? Yes	s 🗆 No		
Person contacted at venue	to discuss EAP:	Monique Joh	NS (m Person makin	g contact: Marideth	Trannel
Is there an Automated Ext	ernal Defibrillat	cor (AED) on site:	Yes No If yes,	where: security off	ii I back of
Does the venue have	an Emergency	Response Tea	m: T Yes M No	If yes how are they	contacted: tv
Louisville Memo	40 & the C	$)$ upt. $\longrightarrow A$	ill managers we	trained in CPR	de
School Employee(s) Atter	nding Trip (Pleas	se note beside nar	ne if employee is CPR	trained):	
Marideth Tran	mel				
Leslie Storall					
		<u> </u>			
(Please use separate sh	neet and attach to t	his form if more sp	ace is needed to list school	ol employees attending)	
Mr. Hard A.)			
mujer	anne			2-1-2024	
	re of Faculty Spor			Date	
Trip has been papproved	☐ disapproved.	Reason for disappro	oval		
1				21.120	
Signature of Su	rintendent Design	nee		2 2 2	
	2 23,8			Duic	

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

The passe of trip (CHECK ONE): Classroom Field Trip Class Trip (i.e., junior, senior), specify Corganization Club Trip , specify Corganization Club Trip Within County County Corganization Phone County County County Club Within County County County County County County Club Within County County County Club County County County Club County County County Club County Count						
The passe of trip (CHECK ONE): Classroom Field Trip Class Trip (i.e., junior, senior), specify Corganization Club Trip , specify Corganization Club Trip Within County County Corganization Phone County County County Club Within County County County County County County Club Within County County County Club County County County Club County County County Club County Count		☐ ONE WEEK	☐ TWO WEEKS	OTHER, SPECIFY	PRIOR TO THE TR	UP.
The passes of the participants of the particip	SCHOOL HUN	FACUL	TY MEMBER(S) SPO	NSORING TRIP_	Tyler Cosh	articles de transcription de la constant de la cons
Gource of Funding For Trip Specify Within County Prior		D):				
DATE (S) OF TRIF 2 22 - 2 24 DEPARTURE TIME 9 RETURN TIME 2 2 2 2 2 4 DEPARTURE TIME 12 2 2 2 2 2 2 4 DEPARTURE TIME 9 RETURN TIME 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	☐ Classroom Field Tr	ip□ Class Tri	p (i.e., junior, sen	nior), specify		
DATE (S) OF TRIF 2 22 - 2 24 DEPARTURE TIME 9 RETURN TIME 2 2 2 2 2 4 DEPARTURE TIME 12 2 2 2 2 2 2 4 DEPARTURE TIME 9 RETURN TIME 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	☐ Organization/Club	Trip, specify	as he	C Other	(athletic, band, of applicabl	ie)
DATE (S) OF TRIF 2 22 - 2 24 DEPARTURE TIME 9 RETURN TIME 2 2 2 2 2 4 DEPARTURE TIME 12 2 2 2 2 2 2 4 DEPARTURE TIME 9 RETURN TIME 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	DESTINATION Compbelly	with Univat	DDRESS Unive	PHONE PHONE	30 264-6014	
ATTICES OF TRIP 2 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- Out of blate	out of County	□ Willim Com	nty Prince Co	my bulls wing thy 42718	
PURPOSE/EDUCATIONAL VALUE Column	Overnight; give nar	ne, address, pl	none of lodging _			
PURPOSE/EDUCATIONAL VALUE Column	2/2	21-11	9			
Actach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses. **NOSTUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.** BILL TRIP EXPENSES TO: **U. SPONSORING ORGANIZATION			PARTURE TIME 1	RETUI	en time 2 pm	
Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses. **NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.** BILL TRIP EXPENSES TO: **U SPONSORING ORGANIZATION	PURPOSE/EDUCATIONAL V	ALUE			2	
Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses. **NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.** BILL TRIP EXPENSES TO: IN SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY NUMBER OF: STUDENTS 12	SOURCE OF FUNDING FOR	TDID BAJ	ALL	422	2/29	
REGISTRATION, and all other anticipated travel expenses. **NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.** BILL TRIP EXPENSES TO: SPONSORIG ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY NUMBER OF: STUDENTS 2 FACULTY SPONSORS 2 OTHER CHAPERONES TOTAL # OF PARTICIPANTS 14 MODE OF TRANSPORTATION NEDEDD? NO SET YES, SEE PROCEDURE 09.36 AP.212. CERTIFICATED COMMON CARRIER; SPECIFY PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?				1 1 1 1 1	. 1	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY NUMBER OF: STUDENTS 1/2 FACULTY SPONSORS 2 OTHER CHAPERONES TOTAL # OF PARTICIPANTS 1/4 MODE OF TRANSPORTATION NEEDED? SO DEVES, SEE PROCEDURE 09.36 AP.212. SIDERTIFICATED COMMON CARRIER; SPECIFY PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? To Yes No Person contacted at venue to discuss EAP: Doby Person making contact: Stere an Automated External Defibrillator (AED) on site: Yes No If yes, where: Dose For And R Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: All School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): (Please use separate sheet and attach to this form if more space is needed to list school employees attending). (Please use separate sheet and attach to this form if more space is needed to list school employees attending). (Please use separate sheet and attach to this form if more space is needed to list school employees attending).	Attach a description	or estimate	ed expenses in	icluding, but i	not limited to, lodging	, meals,
NUMBER OF: STUDENTS 1/2 FACULTY SPONSORS ZOTHER CHAPERONES TOTAL # OF PARTICIPANTS YOUR STOTAL # OF PARTICIPANTS YOUR SPECIFY MODE OF TRANSPORTATION NEEDED? NO STANSPORTATION NEEDED? NO STANSPORTATIO						
NUMBER OF: STUDENTS 7						
MODE OF TRANSPORTATION IS DISTRICT TRANSPORTATION NEEDED? □ NO □ YES, SEE PROCEDURE 09.36 AP.212. □ CERTIFICATED COMMON CARRIER; SPECIFY □ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) □ CERTIFICATED COMMON CARRIER; SPECIFY □ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) □ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) □ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) □ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) □ NO TRIP.) Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? IN Yes □ No □ Person contacted at venue to discuss EAP: □ Person making contact: □ Pe	BILL TRIP EXPENSES TO	: XI SPONSORII	NG ORGANIZATIO	N D SCHOOL CO	UNCIL D BOARD D OTHER	, SPECIFY
MODE OF TRANSPORTATION IS DISTRICT TRANSPORTATION NEEDED?	NUMBER OF: STUDENTS TOTAL # OF PART	7 FACULTY	y sponsors 2	OTHER CHAPER	ONES	
CERTIFICATED COMMON CARRIER; SPECIFY PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No No Person contacted at venue to discuss EAP: Ed Johnson Person making contact: Type Westernal Defibrillator (AED) on site: Yes No If yes, where: Obsection Fine And Response the venue have an Emergency Response Team: Yes No If yes, how are they contacted: Attending Trip (Please note beside name if employee is CPR trained): Type Person making contact: Yes No If yes, where: Obsection Response No If yes, how are they contacted: Obsection No If yes, how are they contacted: Obsection No If yes, how are they contacted: Obsection Obsection						
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No Person contacted at venue to discuss EAP: Ed Tohnson Person making contact: Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Obserting The Art of Response the venue have an Emergency Response Team: Yes No If yes, how are they contacted: One of the venue have an Emergency Response Team: Yes No If yes, how are they contacted: One of the venue have an Emergency Response Team: Yes Of No If yes, how are they contacted: One of the venue have an Emergency Response Team: Yes Of No If yes, how are they contacted: One of the venue have an Emergency Response Team: Yes Of No If yes, how are they contacted: One of the venue have an Emergency Response Team: Yes Of No If yes, how are they contacted: One of the venue have an Emergency Response Team: Yes Of No If yes, how are they contacted: One of the venue have an Emergency Response Team: Yes Of No If yes, how are they contacted: One of the venue have an Emergency Response Team: Yes Of No If yes, how are they contacted: One of the venue have an Emergency Response Team: Yes Of No If yes, how are they contacted: One of the venue have an Emergency Response Team: Yes Of No If yes, how are they contacted: One of the venue have an Emergency Response Team: Yes Of No If yes, how are they contacted: One of the venue have an Emergency Response Team: Yes Of No If yes, how are they contacted: One of the venue have an Emergency Response Team: Yes Of No If yes, where: Yes Of No If yes, where: Yes Of No If yes, how are they contacted: One of the venue have an Emergency Response Team: Yes Of No If yes, where: Yes Of No If yes, how are they contacted: One of the venue have an Emergency Response Team: Yes Of No If yes, how are they contacted: One of the venue have an Emergency Res				Z YES, SEE PROC	EDURE 09.36 AP.212.	
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \Box No Person contacted at venue to discuss EAP: Ed Tohnson Person making contact: Type Contacted at venue to discuss EAP: Ed Tohnson Person making contact: Type Contacted at venue to discuss EAP: Ed Tohnson Person making contact: Type Contacted at venue have an Emergency Response Team: Yes \Box No If yes, where: \(\frac{1}{1} \) Yes \Box No If yes, how are they contacted: Observation of the venue have an Emergency Response Team: Yes \Box No If yes, how are they contacted: \(\frac{1}{1} \) Yes \Box No If yes, how are they contacted: \(\fr	□ CERTIFICATED	COMMON CARI	RIER; SPECIFY	TIEV DDIVED(C)		
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \Box\ No Person contacted at venue to discuss EAP: Ed Tohnson Person making contact: Is there an Automated External Defibrillator (AED) on site: Yes \Box\ No If yes, where: \Box\ Fin And R Does the venue have an Emergency Response Team: \Box\ Yes \Box\ No If yes, how are they contacted: All School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): The Cox\ Yes \Box\ No If yes, how are they contacted: All School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): The Cox\ Yes \Box\ No If yes, how are they contacted: All School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): The Cox\ Yes \Box\ No If yes, how are they contacted: All School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): The Cox\ Yes \Box\ No If yes, how are they contacted: All School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): The Cox\ Yes \Box\ No If yes, how are they contacted: All School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): The Cox\ Yes \Box\ No If yes, how are they contacted: All School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): All School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): All School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): All School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): All School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): All School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): All School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):					AITE ON TRUE	
Person contacted at venue to discuss EAP: Ed Johnson Person making contact: Type Contacted at venue to discuss EAP: Ed Johnson Person making contact: Type Contacted at venue to discuss EAP: Ed Johnson Person making contact: Type Contacted: Type Contacted Contacted Contacted Contacted Contacted: Type C						1 4
Person contacted at venue to discuss EAP: Ed Johnson Person making contact: Type Contacted: Is there an Automated External Defibrillator (AED) on site: Wes In No If yes, where: Obsective And Reposes the venue have an Emergency Response Team: Yes In No If yes, how are they contacted: Obsective School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Obsective School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Obsective School Employees attending). Obsective School Employees attending Signature of Faculty Sponsor Obsective S	principal/degianes to	undergone	the required	records check	and been designated	by the
Is there an Automated External Defibrillator (AED) on site: Yes \(\text{No If yes, where: } \) Does the venue have an Emergency Response Team: \(\text{Yes D No If yes, how are they contacted: } \) School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): (Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor (Trip has been approved disapproved. Reason for disapproval)					F1 1	, , .
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): (Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Trip has been approved disapproved. Reason for disapproval						5011
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): (Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Trip has been approved disapproved. Reason for disapproval	Is there an Automated Ext	ernal Defibrillat	tor (AED) on site:	Yes No If y	es, where: Gosse Fm	AMIR
(Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Date Trip has been approved disapproved. Reason for disapproval 1/12/24						contacted:
(Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Date Trip has been approved disapproved. Reason for disapproval 1/12/24	School Employee(s) Atten	ding Trip (Pleas	se note beside nam	e if employee is C	PR trained):	
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).	Till	Com	and a second state of	cp.c 15 C	ext damouj.	
Signature of Faculty Sponsor Trip has been papproved disapproved. Reason for disapproval 1/12/4	- Dosh	Pare				
Signature of Faculty Sponsor Trip has been papproved disapproved. Reason for disapproval 1/12/4						
Signature of Faculty Sponsor Trip has been papproved disapproved. Reason for disapproval 1/12/4			1			
Trip has been approved disapproved. Reason for disapproval	(Please use separate sh	eet and attach to t	his form if more spa-	ce is needed to list so	chool employees attending).	
Trip has been approved disapproved. Reason for disapproval	1 w/s	- (ook	(1/10/211	
Trip has been approved disapproved. Reason for disapproval	Signatur	e of Faculty Spor	nsor		Date	
1/11/24				vol	. Dute	
Sonature of Superintendent/Destroyde	approved	in disapproved.	reason for disapprov	vai		
Sangture of Superintendent/Destroyee	100	1			1/12/21/	
	Signature of Supe	rintendent/Desto	nde		1/10/27	

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

SU	BMIT THIS FORM	☐ ONE WEEK	☐ TWO WEEKS	OTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL	ACSI	15 FACULTY	MEMBER(S) SPO	NSORING TRIP 7	- Cook
TYPE OF	TRIP (CHECK C	NE):		I	. Pace
☐ Cla	ssroom Field	Trip □ Class Trip	(i.e., junior, sen	ior), specify	
☐ Org	anization/Clu	b Trip, specify		Other (a	thletic, band, if applicable)
DESTINAT	TION Colom	of a Central HADI	RESS 921 L.	Pky PHONE 9	31 - 381 - 2222
⊠ COut	of State	Out of County	☐ Within Cour	ity Columbia, 1	TN 38461
		name, address, pho			
		•	0 0_		
DATE(S)	DFTRIP3	9 25 DEPA	RTURE TIME	TBD Am RETURN	TIME TRDIPM
		L VALUE Wink	raved to	ntest	<u> </u>
		*	J ====================================		
SOURCE (OF FUNDING FO	OR TRIP BANG	Acct.		
Attach	a descripti	on of estimated	expenses in	cluding but no	t limited to, lodging, meals,
registra	tion, and all	other anticipated	travel expense	ec	initied to, roughis, means,
8				IP BECAUSE OF AN IN	IADII ITV TO DAV
BILL TRI					NCIL D BOARD D OTHER, SPECIFY
NUMBER	OF: STUDENTS	FACULTY	sponsors 2	OTHER CHAPERO	NES
			-		
	TRANSPORTA	TION RANSPORTATION NE	EDED? □ NO	YES, SEE PROCEI	NIIDE 00 26 AB 212
	☐ CERTIFICAT	ED COMMON CARRI	ER; SPECIFY		DURE 09.30 AF.212.
	□ PRIVATE VE	HICLE, IF ALLOWED	BY POLICY; SPEC		
SUPERVI	SION (ATTACE	H LIST OF NAMES (OF ADULTS ACCO	MPANYING STUDENT	IS ON TRIP.)
Have a	all chaperon	nes undergone	the required	records check	and been designated by the
		o supervise stude			
					ng contact: Tyler Gon
is there a	n Automated I	External Defibrillato	r (AED) on site:	Yes LI No If yes	, where: Common Ang
Does th	e venue hav	e an Emergency	Response Tear	n: Yes No	If yes, how are they contacted:
School E	imployee(s) At	tending Trip (Please	note beside nam	e if employee is CPF	R trained):
		on			
	1 moran	la Con			
	NIA	Diel			
	matt n		r .		
(Ple	ease use separate	sheet and attach to the	is form if more spa	ce is needed to list scho	ool employees attending).
	-1	My G	on		1/10/21/
	Signa	ture of Faculty Spons			Date
Trip has b	peen approved	disapproved. R	eason for disapprov	val	
		11	FP**		
	Signature of Si	perintendent/Designe	e		Date
F	or overnight and	or out-of-state trips, a	pproval of the Sup	erintendent and/or Boa	rd may be required by policy 09.36.
RELATI	ED PROCEDU	RES: 09.36 AP.1, 09.	36 AP.21, 09.36 A	P.211, 09.36 AP.212	
10	0				Review/Revised:9/18/2023
1/	(8				1/17/28
)				1177

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY PRIOR TO THE TRIP.
SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP T. Cook
TYPE OF TRIP (CHECK ONE):
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify
Organization/Club Trip, specify
DESTINATION Siegel HS ADDRESS 3300 Seigel Rd. PHONE
Qut of State 1 Out of County Within County Morfres 6.0, TN 37129
☐ Overnight; give name, address, phone of lodging
7/11 12 dl. 2001
DATE(S) OF TRIP 3 16 24 DEPARTURE TIME TBD/AM RETURN TIME TBD/PM
PURPOSE/EDUCATIONAL VALUE Winterguard Contest
SOURCE OF FUNDING FOR TRIP Band Acet -
Attach a description of estimated expenses including, but not limited to, lodging, meals,
registration, and all other anticipated travel expenses.
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: To SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY
NUMBER OF: STUDENTS FACULTY SPONSORS 7 OTHER CHAPERONES
TOTAL # OF PARTICIPANTS 42
MODE OF TRANSPORTATION
IS DISTRICT TRANSPORTATION NEEDED? IN NO YES, SEE PROCEDURE 09.36 AP.212.
☐ CERTIFICATED COMMON CARRIER; SPECIFY PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)
Have all chaperones undergone the required records check and been designated by the
principal/designee to supervise students? Yes \(\sigma\) No
Person contacted at venue to discuss EAP: Blake Ward Person making contact: 144 Cook
Is there an Automated External Defibrillator (AED) on site: Yes \(\sigma \) No If yes, where: \(\frac{6ythnas:}{mas:} \)
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):
Tyle look
Miranda Coon
NIC DA
matt hebrin
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
1/4/2 6081 1/10/74
Signature of Faculty Sponsor Date
Trip has been approved disapproved. Reason for disapproval
1/12/11
Signature of Superintendent Designee Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY PRIOR TO THE TRIP.
SCHOOL ACSUS FACULTY MEMBER(S) SPONSORING TRIP Tyle Con
TYPE OF TRIP (CHECK ONE):
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify
Destination Muhlen by Co. HS ADDRESS SOI W. Every PHONE 270-338-5040
Out of State Out of County Within County Bring Blue. Greenill, ky 42345
M Overnight: give name address phone of lodging Beat 1414 to 10 27 5 3 4 61
Overnight; give name, address, phone of lodging Best western 627 5 2nd st. Ph. 270-757-0222 Cuntral City, Ky 42330 DATE(S) OF TRIP Mark 22-23 DEPARTURE TIME 3/22 Sam RETURN TIME 3/23 7pm
DATE(S) OF TRIP Mark 22-23 DEPARTURE TIME 3/22 Sam RETURN TIME 3/23 700
PURPOSE/EDUCATIONAL VALUE West Ky Per C. Festival
SOURCE OF FUNDING FOR TRIP Band Acct.
Attach a description of estimated expenses including, but not limited to, lodging, meals,
registration, and all other anticipated travel expenses.
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: X SPONSORING ORGANIZATION I SCHOOL COUNCIL I BOARD I OTHER, SPECIFY
NUMBER OF: STUDENTS 3 FACULTY SPONSORS 1 OTHER CHAPERONES 4
MODE OF TRANSPORTATION
IS DISTRICT TRANSPORTATION NEEDED? □ NO ★YES, SEE PROCEDURE 09.36 AP.212. □ CERTIFICATED COMMON CARRIER; SPECIFY
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?
Person contacted at venue to discuss EAP: Tvoy Stovall Person making contact: Tyle Coll
Is there an Automated External Defibrillator (AED) on site: Vyes \(\square\) No If yes, where: A di for - \(Art\)
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):
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
- 1/10/24 (OD), 1/10/24
Signature of Faculty Sponsor Date
Trip has been approved disapproved. Reason for disapproval
1/11/24
Signature of Superintendent Designee Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.