

Beth District Town.

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP M. Ke D. Pasquale

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Band / TCBOE

DESTINATION Russellville H.S. ADDRESS 1101 W. 9th St. Russellville

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2/27/24 DEPARTURE TIME 7:30A RETURN TIME 7:30A

SOURCE OF FUNDING FOR TRIP TCBOE

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

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 32

EAP: Person contacted at venue to discuss EAP: Ryan D. ... Person making contact: M. Ke D. Pasquale

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):

Mike D. Pasquale
Hester D. Pasquale

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

Walter ... Signature of Faculty Sponsor Date 2/21/24

Approval of Site Based Council Representative [Signature] Date 2-21-24

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 Dipasquale

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Bond

DESTINATION WKU ADDRESS _____

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3-14-2024 DEPARTURE TIME TBD - PM RETURN TIME TBD

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 26

EAP: Person contacted at venue to discuss EAP: Gary Schaller Person making contact: M. Dipasquale

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

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):

Mike Dipasquale _____

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

[Signature] Signature of Faculty Sponsor Date 2-13-2014

Approval of Site Based Council Representative [Signature] Date 2-15-24

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 HOPKINSVILLE ADDRESS 430 Koffman Dr. Hopkinsville

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4-29-24 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: Jacob Bzell Person making contact: Mike Smith

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):

Coach

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

CASEY WILLIAMS 2-12-24
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative [Signature] Date 2-15-24

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 JCCHS FACULTY MEMBER(S) SPONSORING TRIP Jim Da

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: JCCHS Percussion Athletic
DESTINATION Edmonson Cu Park ADDRESS 99 Vincent St. Brownsville
 Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 1/9/24 DEPARTURE TIME 10:00AM RETURN TIME 6:00PM

SOURCE OF FUNDING FOR TRIP JCCHS Athletic

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 30

EAP: Person contacted at venue to discuss EAP: Kyle Pierce 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):

Coach

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

Walt Signature of Faculty Sponsor Date 1/23/24

Approval of Site Based Council Representative Jim Da Date 2-15-24

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 TCCAH FACULTY MEMBER(S) SPONSORING TRIP Tina Daisie

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCAH Baseball / Athletic

DESTINATION Cambria Co. Park ADDRESS 237 Veterans St. Berkeley

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3/23/24 DEPARTURE TIME 9:30 AM RETURN TIME 5:00 PM

SOURCE OF FUNDING FOR TRIP TCCAH Athletic

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 30

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):

Coaches _____

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

Walt [Signature] _____
Signature of Faculty Sponsor _____ Date 1/26/24

Approval of Site Based Council Representative [Signature] Date 2-15-24

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 Jim Beagle

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Baseball/Athletic

DESTINATION Webster Co. H.S. ADDRESS 1922 Hwy 41-AS, Dixon KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3/30/24 DEPARTURE TIME 3:00 PM RETURN TIME 11:00 AM

SOURCE OF FUNDING FOR TRIP TCCHS Athletic

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 30

EAP: Person contacted at venue to discuss EAP: Zach Lagrange 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).

Webster Signature of Faculty Sponsor _____ Date 3/22/24

Approval of Site Based Council Representative _____ Date 2-15-24

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 TCC#5 FACULTY MEMBER(S) SPONSORING TRIP Jim Daigle

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCC#5 Marshall / Athletic

DESTINATION Franklin Sprix ADDRESS 400 S. College St. Franklin, KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/15/24 DEPARTURE TIME 4:15 PM RETURN TIME 10:00 PM

SOURCE OF FUNDING FOR TRIP TCC#5 Athletic

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 30

EAP: Person contacted at venue to discuss EAP: Matthew White Person making contact: Mike White

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).

Jim Daigle
Signature of Faculty Sponsor

4/15/24
Date

Approval of Site Based Council Representative _____

Date 2-15-24

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 TCHH FACULTY MEMBER(S) SPONSORING TRIP Jim Naide

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHH Baseball/Athletic
DESTINATION Russellville H.S. ADDRESS 1101 W 9th St, Russellville, KY
 Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/23/24 DEPARTURE TIME 4:30 PM RETURN TIME 10:00 PM

SOURCE OF FUNDING FOR TRIP TCHH/Athletic

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 30

EAP: Person contacted at venue to discuss EAP Ryan Dever 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).
Wab [Signature] Signature of Faculty Sponsor Date 4/23/24

Approval of Site Based Council Representative [Signature] Date 2-15-24

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 Jim Dalghe

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Baseball / Athletic

DESTINATION Metcalfe Co Park ADDRESS 100 Park St, Edmonton

Overnight, give name, address, phone of lodging _____

DATE(S) OF TRIP 4/25/24 DEPARTURE TIME 2:00 PM RETURN TIME 11:30 PM

SOURCE OF FUNDING FOR TRIP TCCHS Athletic

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 30

EAP: Person contacted at venue to discuss EAP: Matt Shirley 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: Onsite

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

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

Matt Shirley Signature of Faculty Sponsor Date 1/24/24

Approval of Site Based Council Representative [Signature] Date 2-15-24

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 TCC HS FACULTY MEMBER(S) SPONSORING TRIP J. in Payne

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCC HS Baseball / ATHLETIC

DESTINATION Laguna Co. HS ADDRESS 2200 Building Green Rd. Buena Vista

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 6/30/24 DEPARTURE TIME 4:15 PM RETURN TIME 10:00 PM

SOURCE OF FUNDING FOR TRIP TCC HS Athletic

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 20

EAP: Person contacted at venue to discuss EAP: Cayle Spear 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).

Walt [Signature] Signature of Faculty Sponsor Date 6/26/24

Approval of Site Based Council Representative [Signature] Date 2-15-24

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 Tim Dalgic

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Berkebile Athletic

DESTINATION Putler County Park ADDRESS 1852 S. Main St. Morgantown

Overnight; give name, address, phone of lodging

DATE(S) OF TRIP 5/13/24 DEPARTURE TIME 4:15 PM RETURN TIME 11:00 AM

SOURCE OF FUNDING FOR TRIP TCCHS Athletics

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 30

EAP: Person contacted at venue to discuss EAP: Brandon Embry 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: On site

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).

Walt Sigler Signature of Faculty Sponsor 12/4/24 Date

Approval of Site Based Council Representative [Signature] Date 2-15-24

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 Tim Daigle

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Baseball / AFB Clinic

DESTINATION Davison Springs ADDRESS Trade Water Park, Davison Springs

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 5/11/24 DEPARTURE TIME 4:00 PM RETURN TIME 11:00 AM

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 20

EAP: Person contacted at venue to discuss EAP: Elizabeth Johnson Person making contact: M. Lee 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: On site

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

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

Walt Ryle Signature of Faculty Sponsor Date 1/24/24
Approval of Site Based Council Representative [Signature] Date 2-15-24

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 Jen Daulte

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Baseball / Athletics

DESTINATION Veteran's Ball Park (Munroe Co) ADDRESS On 4th St, Franklinville, KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 5/10/24 DEPARTURE TIME 3:00 PM RETURN TIME 11:30 AM

SOURCE OF FUNDING FOR TRIP TCCHS Athletics

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 26

EAP: Person contacted at venue to discuss EAP: John Pettit 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: On site

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

Coach

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

John Pettit Signature of Faculty Sponsor 1/24/24 Date

Approval of Site Based Council Representative [Signature] Date 2-18-24

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 TCC HS FACULTY MEMBER(S) SPONSORING TRIP Rick Math

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: JCH Track/Athletes

DESTINATION Caldwell Co. H.S. ADDRESS 350 Beckman Rd. Pinebluff

Overnight; give name, address, phone of lodging

DATE(S) OF TRIP 3/17/24 DEPARTURE TIME 3:45 PM RETURN TIME 9:00 PM

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 35 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 37

EAP: Person contacted at venue to discuss EAP: Jeff Riley Person making contact: Mike Sator

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

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

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).

Walt Ryle Signature of Faculty Sponsor 2/13/24 Date

Approval of Site Based Council Representative [Signature] Date 2-15-24

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 JCHS FACULTY MEMBER(S) SPONSORING TRIP Rick Martin

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: JCHS Track / Athlete

DESTINATION Butler Co HS ADDRESS 100 S. Main St

Overnight; give name, address, phone of lodging

DATE(S) OF TRIP Butler Co HS 3/21/24 DEPARTURE TIME 3:45 PM RETURN TIME 9:00 PM

SOURCE OF FUNDING FOR TRIP

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

NUMBER OF: STUDENTS 35 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 37

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

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):

Coach

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

Signature of Faculty Sponsor

2/18/24
Date

Approval of Site Based Council Representative [Signature] Date 2-18-24

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 TCCAS FACULTY MEMBER(S) SPONSORING TRIP Rick Math

TYPE OF TRIP (CHECK ONE):
Organization requesting the Trip / Organization responsible for Payment: TCCAS Track & Athletic

DESTINATION Greenwood H.S. ADDRESS Cypress Wood Ln, Bowling Green

Overnight; give name, address, phone of lodging

DATE(S) OF TRIP 7/26/24 DEPARTURE TIME 9:45 PM RETURN TIME 9:00 AM

SOURCE OF FUNDING FOR TRIP: TCCAS Athletic

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

NUMBER OF: STUDENTS 35 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 37

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

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):
Coach

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
Walt 2/13/24

Signature of Faculty Sponsor [Signature] Date 2-15-24

Approval of Site Based Council Representative [Signature] Date 2-15-24

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 Rick McAn

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: JCH/Track/Athletic

DESTINATION Coldwell Co. HS ADDRESS 350 Becken Ln. Princeton

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3/28/24 DEPARTURE TIME 3:45 PM RETURN TIME 9:20 PM

SOURCE OF FUNDING FOR TRIP TCCHS Athletic

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

NUMBER OF: STUDENTS 37 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 37

EAP: Person contacted at venue to discuss EAP: Jeff Riley 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):

Coach

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

Wab Signature of Faculty Sponsor Date 2/13/24

Approval of Site Based Council Representative [Signature] Date 2-15-24

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 _____