09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP JUINE SCHOOL TEMS TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: 6:15 Soccer DESTINATION Trisq 60 ADDRESS 860 COMPLEX ROAD CADIZ, Ky 42211 Overnight; give name, address, phone of lodging DATE(S) OF TRIP 3/14/24 DEPARTURE TIME 4:00 pm RETURN TIME 8:20pm SOURCE OF FUNDING FOR TRIP NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 18 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 7.0 EAP: Person contacted at venue to discuss EAP: Person making contact: Jerry Tiarau Is there an Automated External Defibrillator (AED) on site: A Yes D No If yes, where: Field Due out Does the venue have an Emergency Response Team: AYes I No If yes, how are they contacted: An min Alsished School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Jerry Turner yes (Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor 2-21-23 Approval of Site Based Council Representative **District Use Only** Section 2 Approval of District Representative DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 Date/Time Departure: Odometer Start: Odometer End: Date/Time Return: I hereby certify that the above information is correct to the best of my knowledge.

Coach or School Representative Signature

Date \_\_\_\_\_

09.36 AP.21

School-Related Student Trip Request Form & E	vent Specific Emergency Action Plan (EAP)
SCHOOL TEMS FACULTY MI	EMBER(S) SPONSORING TRIP JORGE TORANGE
TYPE OF TRIP (CHECK ONE):	
Organization requesting the Trip / Organization respon	sible for Payment:
DESTINATION RUSSEREVOUS ADDRES	S 101 W. 97 STREET RUSSOLVENIE
☐ Overnight; give name, address, phone of lodging _	
DATE(S) OF TRIP 3 /21 /24 DEPARTU	RETIME 4:45 PM RETURN TIME 8100 PM
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRI	P BECAUSE OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS \ \Cancel \Cancel \ FACULTY SPONSOI	RS 2 TOTAL # OF PARTICIPANTS 20
EAP: Person contacted at venue to discuss EAP: Ryan D	
Is there an Automated External Defibrillator (AED) on site: [	Yes No If yes, where:
Does the venue have an Emergency Response Team: Yes	
School Employee(s) Attending Trip (Please note beside name	
JERRY TURNER	* · · · · · · · · · · · · · · · · · · ·
TONY CARACCEOLOND	
Please use separate sheet and attach to this form if more space	e is needed to list school employees attending)
1/1m 2-	2-28-24
Signature of Faculty Sponsor	Date
Approval of Site Based Council Representative	
	*********************************
District U	se Only
Section 2	
Approval of District Representative	Date
	********************************
DRIVER: TURN THIS FOR	M IN WITH TIMESHEETS
Section 3	
Date/Time Departure:	Odometer Start:
Date/Time Return:	
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 Spec	cific Emergency Action Plan (EAP)
SCHOOL / TCMS FACULTY MEMBER(S) S	SPONSORING TRIP Jearly Thruce
Type of Trip (check one):	A # C
Organization requesting the Trip / Organization responsible for P DESTINATION Hop klas centeel HS ADDRESS 6625	ayment: 49431
DESTINATION Hopkins central HS ADDRESS 6625	Hopkinsville RD Madisonville Ky
Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 3 -23 - 22/ DEPARTURE TIME	7:15 AM RETURN TIME 2 PM
SOURCE OF FUNDING FOR TRIP TCMS Athletic	
NO STUDENT SHALL BE DENIED THE TRIP RECAUSE	_
NUMBER OF: STUDENTS 2 FACULTY SPONSORS 2	
EAP: Person contacted at venue to discuss EAP: Austin Burun	
Is there an Automated External Defibrillator (AED) on site: 22 Yes	
Does the venue have an Emergency Response Team: 🗷 Yes 🗆 No If ye	
School Employee(s) Attending Trip (Please note beside name if employee	•
coach Jerry Tumer yes	gent man and a service differ the resident fails and all manufactures and the service of the ser
· · · · · · · · · · · · · · · · · · ·	
Please use separate sheet and attach to this form if more space is needed t	o list school employees attending).
Signature of Faculty Sponsor	Date
Approval of Site Based Council Representative	Date
District Use Only Section 2	
Approval of District Representative	Data
The second secon	Date
DRIVER: TURN THIS FORM IN WIT	TH TIMESHEETS
Date/Time Departure:	Odometer Start:
Date/Time Return:	
·	- Control of the Cont
I hereby certify that the above information is correct to the best o	f my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date

1	School-Related Student Trip Request Form & Event Spec	ific Emergency Action Plan (EAP)				
S	CHOOL TOMS FACULTY MEMBER(S) SI	PONSORING TRIP TURNET				
T	YPE OF TRIP (CHECK ONE):					
	Organization requesting the Trip / Organization responsible for Payment:  DESTINATION Hopkins Central Address 6625 Hopkins ville Ro Made					
I	ESTINATION Hopkins Central ADDRESS 6625	HOPKINSVILLE RO MONSIONVILLE				
	Overnight; give name, address, phone of lodging	45431				
I	DATE(S) OF TRIP 4-11-24 DEPARTURE TIME	4:00 RETURN TIME \$ :38 PM				
	OURCE OF FUNDING FOR TRIP	And the same of th				
	NO STUDENT SHALL BE DENIED THE TRIP BECAUSE O	And the second s				
1	Number of: students faculty sponsors	TOTAL # OF PARTICIPANTS				
1	EAP: Person contacted at venue to discuss EAP: Auctin Byrum	Person making contact: Scruy Turacr				
	s there an Automated External Defibrillator (AED) on site: 🗖 Yes 🗖 No					
	Does the venue have an Emergency Response Team: X Yes No If yes					
caoch	School Employee(s) Attending Trip (Please note beside name if employee	e is CPR trained):				
coach.	Jerry Turner Yes Tony coro (CIGIO NO					
	(Please use separate sheet and attach to this form if more space is needed to	list school employees attending).				
	Signature of Faculty Sponsor	2-21-24				
1	Signature of Faculty Sponsor	Date Date				
	Approval of Site Based Council Representative					
1						
	District Use Only Section 2					
	Approval of District Representative	Date				
	Approvia of District Copiesonalive	Daw				
	DRIVER: TURN THIS FORM IN WIT Section 3	HTIMESHEETS				
	Date/Time Departure:	Odometer Start:				
	Date/Time Return:					
		Odomowi Life.				
	I hereby certify that the above information is correct to the best of	my knowledge.				
	Driver Signature	Date				
	Driver Comments:	Approximation of the contract				
	Coach or School Representative Signature	Date				
	rahianatimetra pietitime	L'alt				

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

SCHOOL TRIGG COUNTY FACULTY MEMBER(S) SPONSORING TRIP TODD MANSFIELD TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS Boys' Soccer DESTINATION TRIGG COUNTY ADDRESS 860 COMPLEX RD, CADIZ, KY 42211

	OVERNIGHT;	GIVE	NAME,	ADDRESS,	PHONE	OF	LODGING
DATE	(S) OF TRIP MARCH	i 14, 2024 D	EPARTURE T	IME 5:30PM RE	ΓURN TIME 9	:00PM	
	CE OF FUNDING FOR						
	No stu	DENT SHALL	BE DENIED THE	TRIP BECAUSE OF A	N INABILITY TO	PAY.	
Numb	ER OF: STUDENTS	25 FACULTY	SPONSORS 2	TOTAL # OF PAR	TICIPANTS 27	•	
EAP:	Person contacted at ve	enue to discus	s EAP: Mn Per	son making contact	: Todd Mansfie	ld	
Is there	an Automated Extern	al Defibrillato	or (AED) on sit	e: 🟙 Yes 🛚 No If	yes, where: Fiel	d Dugout	
Does tl	he venue have an Eme	rgency Respo	nse Team: 🔳 Y	es 🛘 No If yes, ho	w are they cont	acted: Adm	in Assigned
Coach	Employee(s) Attendir Todd Mansfield	ng Trip (Pleas	e note beside n	CRP trai	ned.		
Coacn	Salazar			Not CPR	trained.		
(1	Please use separate sheet	nen		space is needed to list	school employees	rattending)	24
Signature of Faculty Sponsor Date							
Appro	oval of Site Based Co	ouncil Repre	sentative			Date _	
	***********		*********	*********	*******		********
Section	on 2		Distric	t Use Only			
Appro	oval of District Repre	esentative			·	_ Date	
			*******	*********			********
	DF	RIVER: TU	RN THIS FO	ORM IN WITH T	IMESHEET:	S	
Section	on 3						
Date/Time Departure:				0	dometer Start:		
Date/	Time Return:			0	dometer End:		
I here	by certify that the ab	ove informa	tion is correct	to the best of my	knowledge.		
Drive	r Signature					Date	
Drive	r Comments:						
Coact	or School Represer	ntative Signa	ture			Date	

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

SCHOOL HOPKIN CENTRAL FACULTY MEMBER(S) SPONSORING TRIP TODD MANSFIELD TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS Boys' Soccer

DESTINATION HOPKINS CENTRAL HS ADDRESS 6625 HOPKINSVILLE RD, MADISONVILLE, KY 42431

<u> </u>	OVERNIGHT;	GIVE	NAME,	ADDRESS,	PHONE	OF	LODGING
DATE	(S) OF TRIP MARCH	123, 2024 D	EPARTURE TI	ME 9:30AM RE	TURN TIME 5	:00PM	
SOUR	CE OF FUNDING FOR						
MTura es				TRIP BECAUSE OF A			
E A D.	BER OF: STUDENTS 2	5 FACULTY	SPONSORS 2	TOTAL # OF PAR	TICIPANTS 27		
Is then	Person contacted at v	enue to discus	s EAP: Austin 1	Byrum Person mak	ing contact: Tod	d Mansfiel	.d.
is uier	e an Automated Extern	al Defibrillato	or (AED) on site	Yes No If	yes, where: Cor	nplex on W	'all at Entrance
Cabaa	he venue have an Emer	rgency Respon	nse Team: 💹 Y	es D No If yes, ho	w are they cont	acted: (270	) 825-5100
Coach	l Employee(s) Attendir Todd Mansfield	ig Trip (Please	e note beside na				
	Coach Salazar CRP trained.  Not CPR trained.						
(	Please use separate sheet	and attach to th	is form if more s	pace is needed to list			- m . l
	Signature of	Faculty Spons	sor		Dat	/e1/2	024
Appro	oval of Site Based Co	ouncil Repres	sentative			Date _	
	************	******	*******		********	*****	
Section	on 2		District	Use Only			
Appro	oval of District Repre	esentative				Date	
	**********	********			*********		
	DR	VER: TU	RN THIS FO	RM IN WITH T	<b>IMESHEETS</b>		
Section	on 3						
Date/	Time Departure:			0	dometer Start:		
Date/	Time Return:			0	dometer End:		
I here	by certify that the ab	ove informat	ion is correct	to the best of my	knowledge.		
Drive	r Signature					Date	
	r Comments:						**************************************
Coacl	or School Represen	tative Signat	ure			_ Date _	