STUDENTS 09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)	
SCHOOL TCCHS	FACULTY MEMBER(S) SPONSORING TRIP DIPOS QUONE
TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: DESTINATION FOUND NOT (Institute Acades / Address 2480 Three strings Rol Bould Green Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 4-20-29	DEPARTURE TIME 7!36 RETURN TIME 2:30
SOURCE OF FUNDING FOR TRIP	
No student shall be i	DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
Number of: students 15 FAC	ULTYSPONSORS TOTAL#OFPARTICIPANTS / b AP: Person making contact: M Designation
EAP: Person contacted at venue to discuss E	AP: Pohne F.J. e Person making contact: M D.Pos ye
Is there an Automated External Defibrillator	(AED) on site: The No If yes, where:
Does the venue have an Emergency Respons	e Team: Yes No If yes, how are they contacted:
	ote beside name if employee is CPR trained):
Signature of Faculty Sponsor Approval of Site Based Council Represen	
Section 2	District Use Only
	Date
DRIVER: TURN Section 3	THIS FORM IN WITH TIMESHEETS
Date/Time Departure:	Odometer Start:
Date/Time Return:	
I hereby certify that the above informat	ion is correct to the best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	eDate