STUDENTS 09.36 AP.21

School-Related Student Trip Request	Form & Event Specific Emergency	Action Plan (EAP)
SCHOOL TCM5 F	'ACULTY MEMBER(S) SPONSORING TRIP	Heather DiDasgo
Type of Trip (CHECK ONE):		. 0
Organization requesting the Trip / Organiz	zation responsible for Payment: TCHS	Band
DESTINATION Green WOOD Hall	ADDRESS 26025 Scottsville Re	d. Bowling Green 1
Organization requesting the Trip / Organization DESTINATION Great Wood Half	of lodging	J
DATE(S) OF TRIP May 10, 2024	DEPARTURE TIME School A-M	RETURN TIME <u>2:3</u> 0
DATE(S) OF TRIP May 10, 2004 SOURCE OF FUNDING FOR TRIP TCMS	5 Rand	
	NIED THE TRIP BECAUSE OF AN INABILITY TO I	
Number of: students 53 facult	TY SPONSORS / TOTAL # OF PA	RTICIPANTS 55
NUMBER OF: STUDENTS 53 FACULT EAP: Person contacted at venue to discuss EAP	: Ross Price Person making con	tact: Kim Davis
Is there an Automated External Defibrillator (AE	ED) on site: Yes No If yes, where:	
Does the venue have an Emergency Response Te		
School Employee(s) Attending Trip (Please note	e beside name if employee is CPR trained):	
(Please use separate sheet and attach to this form	m if more space is needed to list school employees	attending).
Signature of Faculty Sponsor Approval of Site Based Council Representat		Date <u>5 /6 /24</u>
S-423	District Use Only	
Section 2		_
Approval of District Representative		_ Date
	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	s 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-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCM5 FACULTY MEMBER(S)	SPONSORING TRIP KIM DOWS				
Type of Trip (check one):					
Organization requesting the Trip / Organization responsible for	Payment:				
Organization requesting the Trip / Organization responsible for DESTINATION	Wi Main St Eliton, Rg				
Overnight; give name, address, phone of lodging	· J				
DATE(S) OF TRIP 5/13/24 DEPARTURE TIME SOURCE OF FUNDING FOR TRIP NO STUDENT SHALL BE DENIED THE TRIP BECAUSE NUMBER OF: STUDENTS 40 FACULTY SPONSORS EAP: Person contacted at venue to discuss EAP: Kind David	E OF AN INABILITY TO PAY.				
Is there an Automated External Defibrillator (AED) on site: Defes Defibrillator					
Does the venue have an Emergency Response Team: Yes No If y					
School Employee(s) Attending Trip (Please note beside name if employ Frio for 5th World From Worth Todo (Please use separate sheet and attach to this form if more space is needed Signature of Faculty Sponsor Approval of Site Based Council Representative	to list school employees attending). Date Date				
District Use Only					
Section 2	D-4:				
Approval of District Representative	Date				
DRIVER: TURN THIS FORM IN WITH TIMESHEETS					
Section 3	0.1				
Date/Time Departure:					
Date/Time Return:	Odometer End:				
I hereby certify that the above information is correct to the best of	f my knowledge.				
Driver Signature	Date				
Driver Comments:					
Coach or School Representative Signature	Date				

Make-up From April 18th

STUDENTS

09.36 AP.21

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

SCHOOL HOPKINSVILLE/CHRISTIAN CO FACULTY MEMBER(S) SPONSORING TRIP TODD MANSFIELD TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS Boys' Soccer DESTINATION HOPKINSVILLE STADIUM OF CHAMPIONS ADDRESS 4400 LAFAYETTE RD, HOPKINSVILLE, KY 42240

	OVERNIGHT;	GIVE	NAME,	ADDRESS,	PHONE	OF	LODGING
DATE	(S) OF TRIP APRIL 3	0, 2024 DEF	PARTURE TIM	Е 4:30РМ RETU	RN TIME 7:30) РМ	
BOUK	CE OF FUNDING FOR						
NIIME				TRIP BECAUSE OF A			
EAP:	Person contacted at ve	enue to discus	S FAP: left Add	lison Person mokin	TICIPANTS 27	16 6 11	
Is there	an Automated Extern	al Defibrillato	or (AED) on site	· D Ves D No If	g contact: 10dd	Mansfield	
Does the	ne venue have an Emer	gency Respor	ise Team: □ Ye	es 🗆 No If yes, h	ow are they co	ontacted: Je	of Addison to
Coacii	Employee(s) Attending Todd Mansfield Salazar	g Trip (Please	note beside na	me if employee is C CRP train Not CPR	ned.		
	Please use Separate sheet a	Faculty Spons	or /		chool employees Date	1-202	<u>y</u>
Appro	val of Site Based Co	uncii Kepres	entative //			Date _5	-21-21
Section				Use Only			
	val of District Repres	sentative				Data	
						_Date	
Section	n 3	VER. IUN	u inis fui	EM IN WITH TI	MESHEETS		
Date/T	ime Departure:			Od	ometer Start: _		
Date/T	ime Return:			Od	ometer End:	· · · · · · · · · · · · · · · · · · ·	
	y certify that the abo						
Driver	Signature					Date	
Driver	Comments:		Management of the second of th			Date	***************************************
Coach	or School Representa	tive Signatu	re			Date	

Make-up From April 11th

STUDENTS

09.36 AP.21

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

	OVERNIGHT;	GIVE	NAME,	ADDRESS,	PHONE	OF	LODGING
DATE	(S) OF TRIP APRIL 2	9, 2024 DEF	PARTIDE TIM	E 5.00pm Drm	Day Traces O O		
Sour	CE OF FUNDING FOR	TRIP TCM	IS ATHLETIC	FUND	RN TIME 9:00)PM	
				TRIP BECAUSE OF A	N INAPILITY TO	D 4 W	
NUMB	BER OF: STUDENTS 2	25 FACULTY	SPONSORS 2	TOTAL # OF PAR	FICIDANTS 37	ra i.	
EAP:	Person contacted at ve	enue to discus	s EAP: Austin I	Byrum Person maki	ng contact: Tod	d Manefiel	d
Is there	e an Automated Extern	al Defibrillato	or (AED) on site	:□ Yes □ No If	ves where: Con	u manshen	all at Enteres
Does th	ne venue have an Emer	rgency Respor	nse Team: Ye	es 🗆 No If yes ho	w are they cont	oted: (270)	an at Entrance
School	Employee(s) Attendin	g Trip (Please	note beside na	me if employee is (PR trained):	icica. (270)	7 623-3100
Coach	Todd Mansfield Salazar			CRP train			
Coacn	Salazar			Not CPR	trained.		
(F	Please use separate sheet	and attach to thi	is form if more sr	pace is needed to list s	chool employees	attending)	
	The state of the s				endor employees	21-202	4
Annro		Faculty Spons		00	Date	!	
	val of Site Based Co			WY		Date \(\sigma \)	-21-28
Section	n 2		District	Use Only			
Approv	val of District Repres	sentative				Dete	
		-				_ Date	
Section	13			RM IN WITH TI	MESHEETS		
Date/T	ime Departure:			Od	ometer Start: _		
Date/T	ime Return:			Od	ometer End: _		

I hereb	y certify that the abo	ve informati	on is correct to	the best of my k	nowledge.		
Driver	Signature					Doto	
Driver	Comments:					Date	
0 .	- C 1 - 1 -						
Coach	or School Representa	ative Signatu	re			Date	