

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Russell McInnis

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Boys Basketball

DESTINATION White House Heritage H.S. ADDRESS 7744 Hwy. 76 E. White House TN

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/1/24 DEPARTURE TIME 7:30 RETURN TIME 5:30

SOURCE OF FUNDING FOR TRIP TCCHS Boys Basketball

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

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

EAP: Person contacted at venue to discuss EAP: Joel Coff 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):

Coaches _____

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

[Signature] _____ Date 4/29/24
Signature of Faculty Sponsor

Approval of Site Based Council Representative [Signature] Date 4-29-24

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 Russell/Malone

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: JCCHS Boys Basketball

DESTINATION Metcalfe Co. H.S. ADDRESS 208 ~~Edminister~~ Randolph St. Edminister

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 6/3/24 DEPARTURE TIME 7A RETURN TIME 7A

SOURCE OF FUNDING FOR TRIP JCCHS Boys Basketball

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

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

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: 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] _____ Date 4/29/24
Signature of Faculty Sponsor

Approval of Site Based Council Representative [Signature] Date 4.29.24

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 Russell Melan

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Boys Basketball

DESTINATION Caldwell Co. H.S. ADDRESS 20 Bedkewen, Princeton

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 6/4/24 DEPARTURE TIME 7A RETURN TIME 1A

SOURCE OF FUNDING FOR TRIP TCCHS Boys Basketball

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

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

EAP: Person contacted at venue to discuss EAP: Jeff Riey 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 Riey Signature of Faculty Sponsor Date 4/24/24

Approval of Site Based Council Representative [Signature] Date 4.29.24

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 Russell Malenk

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Boys Basketball

DESTINATION McLean Co H.S. ADDRESS 1559 Hwy 136E Chatham

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 6/6/24 DEPARTURE TIME 7:30 RETURN TIME 7:00

SOURCE OF FUNDING FOR TRIP TCHS Boys Basketball

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 21

EAP: Person contacted at venue to discuss EAP: Justin Cook 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).

Malenk _____
Signature of Faculty Sponsor Date 4/29/24

Approval of Site Based Council Representative [Signature] Date 4.29.24

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 Russell Malone

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: JCCHS Boys Basketball

DESTINATION Grant Co. H.S. ADDRESS 1220 Eaglesway Mayfield

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 6/10/24 DEPARTURE TIME 7:00A RETURN TIME 7:00A

SOURCE OF FUNDING FOR TRIP JCCHS Boys Basketball

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

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

EAP: Person contacted at venue to discuss EAP: Paul Elliott 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):

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

4/29/24
Date

Approval of Site Based Council Representative [Signature] Date 4.29.24

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 Russell/Melane

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Boys Basketball

DESTINATION Edmonson Co. H.S. ADDRESS 220 Wildcat Way Brownsville

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 6/14/24 DEPARTURE TIME 7:30 RETURN TIME 1:30

SOURCE OF FUNDING FOR TRIP TCCHS Boys Basketball

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

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

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

coaches

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

[Signature]

Signature of Faculty Sponsor

4/24/24

Date

Approval of Site Based Council Representative [Signature] Date 4.29.24

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 Russell Malen

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Boys Basketball

DESTINATION Mayfield H.S. ADDRESS 700 South 4th St. Mayfield

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 6/17/24 DEPARTURE TIME TBA RETURN TIME TBA

SOURCE OF FUNDING FOR TRIP TCCHS Boys Basketball

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

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

EAP: Person contacted at venue to discuss EAP: Joe Morris Person making contact: M. Kesm. 74

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

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 Hays
Signature of Faculty Sponsor _____ Date _____

Approval of Site Based Council Representative [Signature] Date 4.29.24

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 Russell Madona

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: JCCHS Days Basketball

DESTINATION Mayfield H.S ADDRESS 700 Danforth St. Mayfield

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 6/18/24 DEPARTURE TIME 7:30 RETURN TIME 1:00

SOURCE OF FUNDING FOR TRIP JCCHS Days Basketball

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

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

EAP: Person contacted at venue to discuss EAP: Joe Morris 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] _____ Date 4/29/24
Signature of Faculty Sponsor

Approval of Site Based Council Representative [Signature] Date 4.29.24

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 _____

back-and-forth

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Wick Suttle

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS 6:15 Basketball

DESTINATION Hopkinsville Sportsplex ADDRESS 155 Tolley Way Hopkinsville

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 6/10-12/24 DEPARTURE TIME 7:15 RETURN TIME 12:15

SOURCE OF FUNDING FOR TRIP TCCHS 6:15 Basketball

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Lyke Radford Person making contact: M. Koran

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).

Walt [Signature] Signature of Faculty Sponsor Date 4/24/24

Approval of Site Based Council Representative [Signature] Date 4.29.24

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 _____

back-and-forth

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Nick Suttle

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Girls Basketball

DESTINATION Murray State Univ. ADDRESS 1401 KY 121 Murray

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 6/18-19/24 DEPARTURE TIME 7:30A RETURN TIME 7:30A

SOURCE OF FUNDING FOR TRIP TCCHS Girls Basketball

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Rechelle Tward 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).

Nick Suttle Signature of Faculty Sponsor Date 4/24/24

Approval of Site Based Council Representative [Signature] Date 4.29.24

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 TCCMS FACULTY MEMBER(S) SPONSORING TRIP Nick Suttle

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCMS Girls Basketball

DESTINATION Western KY Univ. / Riddle ADDRESS ~~1405 E. Hill~~ 1608 Ave. @ Campus Bowling Green

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 6/21/24 DEPARTURE TIME TBA RETURN TIME TBA

SOURCE OF FUNDING FOR TRIP TCCMS Girls Basketball

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Greg Collins Person making contact: M. R. Brute

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).

Nick Suttle Signature of Faculty Sponsor 4/29/24 Date

Approval of Site Based Council Representative [Signature] Date 4.29.24

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 _____

drop-off and pick-up

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Chris Fletcher

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Football

DESTINATION Lindrey Wilson College ADDRESS Russell Rd, Columbia

Overnight; give name, address, phone of lodging Lindrey Wilson College

DATE(S) OF TRIP 7/21/24 drop / 7/25/24 pick DEPARTURE TIME 10:00 AM RETURN TIME 12:00 PM

SOURCE OF FUNDING FOR TRIP TCCHS Football

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

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 35

EAP: Person contacted at venue to discuss EAP: Phil Klecker 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 4/24/24

Approval of Site Based Council Representative [Signature] Date 4.29.24

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 _____