School-Related Student Trip Request Form & Event Specif	fic Emergency Action Plan (EAP)
SCHOOL TCCHT FACULTY MEMBER(S) SPO	ONSORING TRIP LINE MM Cloro
Type of TRIP (CHECK ONE):  Organization requesting the Trip / Organization responsible for Pay  DESTINATION Whyte House Header ADDRESS / 144 H	ment: CCbbbs Streshetbell
DESTINATION White Honge Heritage H. ADDRESS /144 H	VY. 16E. Uh, te House TN
☐ Overnight; give name, address, phone of lodging	7
DATE(S) OF TRIP G//24 DEPARTURE TIME T SOURCE OF FUNDING FOR TRIP TCCHS Departure Time T	RETURN TIME SA
SOURCE OF FUNDING FOR TRIP 12 CT 1 1 4 1 1 1 C 1 1 1 1 1 1 1 1 1 1 1 1 1	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF	AN INABILITY TO PAY.
NUMBER OF: STUDENTSFACULTY SPONSORSP  EAP: Person contacted at venue to discuss EAP:P	TOTAL # OF PARTICIPANTS
EAP: Person contacted at venue to discuss EAP: 000 0000 P	Person making contact: M/Ce)mit
Is there an Automated External Defibrillator (AED) on site: TYes No 1	If yes, where: Onsite
Does the venue have an Emergency Response Team: ☐ Yes ☐ No If yes, I	how are they contacted: Un 8/4e
School Employee(s) Attending Trip (Please note beside name if employee is	s CPR trained):
(_Oa(h/)	
Please use separate sheet and attach to this form if more space is needed to list	4/24/24
Approval of Site Based Council Representative	Date 4 - 29 - 29
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 m	y knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date

School-Related Student Trip Request Form & Event Spe	ecific Emergency Action Plan (EAP)
SCHOOL TCC # FACULTY MEMBER(S)	SPONSORING TRIP RUST EL Malune
Organization requesting the Trip / Organization responsible for I	Payment: VCCHI Mry Bankthall
DESTINATION NOTCE (FE CO. FT.). ADDRESS	Contract of the state of the st
☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 6/3/04 DEPARTURE TIME	RETURN TIME 1
Source of funding for TRIP TCCHS Bushetball	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	OF AN INABILITY TO PAY.
Number of: Students 20 FACULTY SPONSORS 5	TOTAL # OF PARTICIPANTS
EAP: Person contacted at venue to discuss EAP: Moth Shilley	Person making contact; VI/Le) m/7L
Is there an Automated External Defibrillator (AED) on site: ☐ N	o If yes, where:
Does the venue have an Emergency Response Team: ☐Yes ☐ No If ye	es, how are they contacted:
School Employee(s) Attending Trip (Please note beside name if employee	ee is CPR trained):
(Please use separate sheet and attach to this form if more space is needed to	o list school employees attending).
Vall Oby	9/29/24
Signature of Faculty Sponsor	Date Date 26.24
Signature of Faculty Sponsor Approval of Site Based Council Representative	Date 4.29.24
Signature of Faculty Sponsor Approval of Site Based Council Representative	
Signature of Faculty Sponsor Approval of Site Based Council Representative  District Use Only	
Approval of Site Based Council Representative	
Approval of Site Based Council Representative  District Use Only	Date 4,29.29
Approval of Site Based Council Representative  District Use Only Section 2	Date 4,29.29
Approval of Site Based Council Representative  District Use Only Section 2	Date 4,29.24  Date
Approval of Site Based Council Representative  District Use Only Section 2  Approval of District Representative	Date 4,29.24  Date
Approval of Site Based Council Representative  District Use Only Section 2  Approval of District Representative  DRIVER: TURN THIS FORM IN WIT Section 3	Date 4.29.29  Date Date
District Use Only Section 2 Approval of District Representative  DRIVER: TURN THIS FORM IN WIT Section 3 Date/Time Departure:	Date 4,29.29  Date Date  Date  Odometer Start:
Approval of Site Based Council Representative  District Use Only Section 2  Approval of District Representative  DRIVER: TURN THIS FORM IN WIT Section 3	Date 4,29.29  Date Date  Date  Odometer Start:
District Use Only Section 2 Approval of District Representative  DRIVER: TURN THIS FORM IN WIT Section 3 Date/Time Departure:	Date 4.29.29  Date  Date  TH TIMESHEETS  Odometer Start: Odometer End:
District Use Only Section 2 Approval of District Representative  DRIVER: TURN THIS FORM IN WIT Section 3 Date/Time Departure: Date/Time Return:  I hereby certify that the above information is correct to the best of	Date 4.29.29  Date  Date  TH TIMESHEETS  Odometer Start: Odometer End:  Tmy knowledge.
District Use Only Section 2 Approval of District Representative  DRIVER: TURN THIS FORM IN WIT Section 3 Date/Time Departure: Date/Time Return:	Date 4.29.29  Date  Date  TH TIMESHEETS  Odometer Start: Odometer End:  Tmy knowledge.
District Use Only Section 2 Approval of District Representative  DRIVER: TURN THIS FORM IN WIT Section 3 Date/Time Departure: Date/Time Return:  I hereby certify that the above information is correct to the best of Driver Signature	DateDate

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)		
SCHOOL TCCHS FACULTY MEMBER(S) SP	ONSORING TRIP Russell Melon	
TYPE OF TRIP (CHECK ONE):	THE WALL BY A STATE OF THE STAT	
Type of Trip (CHECK ONE):  Organization requesting the Trip / Organization responsible for Pay  DESTINATION (a dwell (b) Hr ), ADDRESS  Overnight: give name, address, phone of lodging	ment: 10H) 11 oys Daskothal	
DESTINATION ( a dwell Co. Hr), ADDRESS / DO De	denerla Vincotan	
☐ Overnight; give name, address, phone of lodging		
DATE(S) OF TRIP 6/4/24 DEPARTURE TIME 7	RETURN TIME ///	
SOURCE OF FUNDING FOR TRIP TECHS Beys Barkethal	/	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF		
NUMBER OF: STUDENTS FACULTY SPONSORS  EAP: Person contacted at venue to discuss EAP:	Person making contact: // Le Son 74	
Is there an Automated External Defibrillator (AED) on site: Yes \( \sqrt{N} \) No		
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):		
(Please use separate sheet and attach to this form if more space is needed to li  Signature of Faculty Sponsor	4/14/14	
Approval of Site Based Council Representative	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 m	y knowledge.	
Driver Signature	Date	
Driver Comments:		
Coach or School Representative Signature	Date	

School-Related Student Trip Request Form & Event Specific Emergency Ac	ction Plan (EAP)	
SCHOOL + CCHS FACULTY MEMBER(S) SPONSORING TRIP	ugel/ Malore	
TYPE OF TRIP (CHECK ONE):	a Ricial	
TYPE OF TRIP (CHECK ONE):  Organization requesting the Trip / Organization responsible for Payment: TCC   State    DESTINATION   Color Color   ADDRESS   State    Overnight; give name, address, phone of lodging	) dys: Du/4/Pal	
DESTINATION McLean Cu H.S. ADDRESS KS 9 Holy 136 E Can	1hour	
DATE(S) OF TRIP 6/6/24 DEPARTURE TIME 774 RESOURCE OF FUNDING FOR TRIP TCCHS Day Basketheld	TURN TIME	
Source of funding for trip / CCHI lay Badiethen	7	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY		
NUMBER OF: STUDENTS FACULTY SPONSORS TOTAL # OF PART	TICIPANTS	
EAP: Person contacted at venue to discuss EAP: Tultin Cook Person making contact	: Mice smil	
Is there an Automated External Defibrillator (AED) on site: Yes \( \square\) No If yes, where: Ohr?	1000-10	
Does the venue have an Emergency Response Team: The No If yes, how are they contacted:		
School Employee(s) Attending 111p (1 10000 more of the state of the st		
Did Caches		
(Please use separate sheet and attach to this form if more space is needed to list school employees atte	ending).	
Signature of Faculty Sponsor  Date	Date 4.29.20	
Approval of Site Based Council Representative	Date 7 2 (2)	
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 Spe	cific Emergency Action Plan (EAP)
SCHOOL TCCHI FACULTY MEMBER(S) S	SPONSORING TRIP US el Malore
TYPE OF TRIP (CHECK ONE):	Harles Dalate
Type of Trip (CHECK ONE):  Organization requesting the Trip / Organization responsible for P  DESTINATION OF ADDRESS A	Payment: 176771145116886-1464
DESTINATION 6 ( a. H.) ADDRESS 100	EagleSWay Nagtifile
☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 6/10/24 DEPARTURE TIME	TOA RETURN TIME TOA
SOURCE OF FUNDING FOR TRIP TCCHS By Sharke that	/
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS PACULTY SPONSORS  EAP: Person contacted at venue to discuss EAP:	Person making contact: Mee In Th
Is there an Automated External Defibrillator (AED) on site: Yes	o If yes, where: Onrite
Does the venue have an Emergency Response Team: Tyes I No If ye	
School Employee(s) Attending Trip (Please note beside name if employe	
Coches	
(Please use separate sheet and attach to this form if more space is needed to	
VIVON PINI	9/21/14
Malt My Signature of Faculty Sponsor	Date
Signature of Faculty Sponsor Approval of Site Based Council Representative	Date _ 4.29.2
Signature of Faculty Sponsor Approval of Site Based Council Representative	Date Date 4.29.2
Signature of Faculty Sponsor Approval of Site Based Council Representative  District Use Only	Date
Signature of Faculty Sponsor Approval of Site Based Council Representative	Date Date 4.29.2
Signature of Faculty Sponsor Approval of Site Based Council Representative  District Use Only	
Approval of Site Based Council Representative  District Use Only Section 2	
Approval of Site Based Council Representative  District Use Only Section 2	Date
Signature of Faculty Sponsor Approval of Site Based Council Representative  District Use Only Section 2 Approval of District Representative	Date
Approval of Site Based Council Representative  District Use Only Section 2 Approval of District Representative  DRIVER: TURN THIS FORM IN WIT Section 3	Date TH TIMESHEETS
Approval of Site Based Council Representative  District Use Only Section 2 Approval of District Representative  DRIVER: TURN THIS FORM IN WIT Section 3 Date/Time Departure:	Date TH TIMESHEETS Odometer Start:
Approval of Site Based Council Representative  District Use Only Section 2 Approval of District Representative  DRIVER: TURN THIS FORM IN WIT Section 3	Date TH TIMESHEETS Odometer Start:
Approval of Site Based Council Representative  District Use Only Section 2 Approval of District Representative  DRIVER: TURN THIS FORM IN WIT Section 3 Date/Time Departure:	Date TH TIMESHEETS  Odometer Start: Odometer End:
Approval of Site Based Council Representative  District Use Only  Section 2  Approval of District Representative  DRIVER: TURN THIS FORM IN WIT Section 3  Date/Time Departure:  Date/Time Return:  I hereby certify that the above information is correct to the best of	Date TH TIMESHEETS  Odometer Start: Odometer End:  my knowledge.
Approval of Site Based Council Representative  District Use Only Section 2 Approval of District Representative  DRIVER: TURN THIS FORM IN WIT Section 3 Date/Time Departure: Date/Time Return:	Date TH TIMESHEETS  Odometer Start: Odometer End:  my knowledge.
Approval of Site Based Council Representative  District Use Only  Section 2  Approval of District Representative  DRIVER: TURN THIS FORM IN WIT  Section 3  Date/Time Departure:  Date/Time Return:  I hereby certify that the above information is correct to the best of  Driver Signature	Date TH TIMESHEETS  Odometer Start: Odometer End:  my knowledge.  Date

School-Related Student Trip Request Form & Event S	pecific Emergency Action Plan (EAP)	
SCHOOL TCC #1 FACULTY MEMBER(	S) SPONSORING TRIP 2450& Molane	
TYPE OF TRIP (CHECK ONE):	H- 11-0 0 1 11	
Type of Trip (CHECK ONE):  Organization requesting the Trip / Organization responsible for DESTINATION Annual Co. / ADDRESS	or Payment: 100 th Down 139 steffer	
DESTINATION Edmonion Co. H.S. ADDRESS	OVildeat Vy Brownskills	
☐ Overnight; give name, address, phone of lodging		
DATE(S) OF TRIP 6/14/24 DEPARTURE TIM	E 79+ RETURN TIME 794	
SOURCE OF FUNDING FOR TRIP TCCHS Boy Parker	thed!	
NO STUDENT SHALL BE DENIED THE TRIP BECAU		
NUMBER OF: STUDENTS OF FACULTY SPONSORS	TOTAL # OF PARTICIPANTS	
EAP: Person contacted at venue to discuss EAP:	Person making contact: Mike South	
Is there an Automated External Defibrillator (AED) on site: Tyes	No If yes, where: U151.Fe	
Does the venue have an Emergency Response Team: ☐ Yes ☐ No If	yes, how are they contacted: On 14	
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):		
coches		
(Please use separate sheet and attach to this form if more space is neede	9/24/24	
Signature of Faculty Sponsor  Approval of Site Based Council Representative	Date 4 · 29 · 21	
District Use Only		
Section 2		
Approval of District Representative	Date	
DRIVER: TURN THIS FORM IN W	TTH 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 Spe	cific Emergency Action Plan (EAP)
SCHOOL TCCHS FACULTY MEMBER(S)	SPONSORING TRIP Rise Malen
Owner institute requesting the Trip / Organization responsible for F	Payment: VCCAI Boy Berkett cill
DESTINATION / NOT TOUR !!!	
☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 6/17/24 DEPARTURE TIME	Tha Return Time/1/4
SOURCE OF FUNDING FOR TRIP TCI HS Buys Baskot but	/
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS & FACULTY SPONSORS	TOTAL # OF PARTICIPANTS
EAP: Person contacted at venue to discuss EAP! Joe Morris	Person making contact: W. Fes m. +L
Is there an Automated External Defibrillator (AED) on site: ☐ Yes ☐ N	o If yes, where:
Does the venue have an Emergency Response Team: ☐ Yes ☐ No If ye	es, how are they contacted:
School Employee(s) Attending Trip (Please note beside name if employee	
(Please use separate sheet and attach to this form if more space is needed to	
Signature of Faculty Sponsor	Date 1.29.2
Approval of Site Based Council Representative	Date 4.29.2
District Use Only	
Section 2	_
Approval of District Representative	Date
DRIVER: TURN THIS FORM IN WIT	TH 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

STUDENTS 09.36 AP.21

School-Related Student Trip Request Form & Event Spe	cific Emergency Action Plan (EAP)	
SCHOOL TCCHI FACULTY MEMBER(S)	SPONSORING TRIP KUSELL Modern	
TYPE OF TRIP (CHECK ONE):	$=\alpha / \alpha 0$ $0.1 a 1$	
Organization requesting the Trip / Organization responsible for F	Payment: SCC # 10 45 13 15 16 11	
DESTINATION May fild H. S ADDRESS / CO /	outhettot. May kind	
TYPE OF TRIP (CHECK ONE):  Organization requesting the Trip / Organization responsible for F  DESTINATION May fill for S  ADDRESS 700 D  Overnight; give name, address, phone of lodging		
DATE(S) OF TRIP 6/17/24 DEPARTURE TIME SOURCE OF FUNDING FOR TRIP TO THE DAY BANKEHA		
SOURCE OF EURIDING FOR TRUE TO ALL AS BUCKE HE	//	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	OF AN INARILITY TO PAY.	
NUMBER OF: STUDENTS ACULTY SPONSORS FACULTY SPONSORS	TOTAL # OF PARTICIPANTS	
EAP: Person contacted at venue to discuss EAP:	Person making contact: Mre Suith	
Is there an Automated External Defibrillator (AED) on site: $\square X$ es $\square N$	To If yes where:	
Does the venue have an Emergency Response Team: Yes \(\sigma\) No If yes, how are they contacted: \(\sigma\)		
School Employee(s) Attending Trip (Please note beside name if employe	e is CFR trained).	
Please use separate sheet and attach to this form if more space is needed to Signature of Faculty Sponsor	Date-	
Approval of Site Based Council Representative	Date 4 · 29 · 2	
District Use Only		
Section 2		
Approval of District Representative	Date	
DRIVER: TURN THIS FORM IN WIT	TH 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	

hack-and-forth

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP Wick affle SCHOOL TCCHS TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TCHI 6. Ashertall DESTINATION Hopking Mc Address, phone of lodging RETURN TIME / 1.4 DATE(S) OF TRIP 6/11/2/24 DEPARTURE TIME MA SOURCE OF FUNDING FOR TRIP TOCHS 6:15 Bakets 11 NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. Number of: students 20 faculty sponsors 3 Total # of Participants EAP: Person contacted at venue to discuss EAP: L'k' Rodrad Person making contact: Mkora Is there an Automated External Defibrillator (AED) on site: Yes \( \square\) No If yes, where: Does the venue have an Emergency Response Team: Yes \( \sigma \) No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Oacher (Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Approval of Site Based Council Representative **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.

Coach or School Representative Signature

Date

Date

Driver Signature

**Driver Comments:** 

back-and-forth

09.36 AP.21 STUDENTS School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP Nick Sufflo SCHOOL TOCKS TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: Tecth 6.15 Parkets

DESTINATION May State Univ. ADDRESS 401 K 121 Maraj ☐ Overnight; give name, address, phone of lodging DEPARTURE TIME 774 RETURN TIME 74 DATE(S) OF TRIP 6/18-16/24 SOURCE OF FUNDING FOR TRIP TCCHI 621 Besket 1 NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 2/ FACULTY SPONSORS \_\_\_\_\_\_ TOTAL # OF PARTICIPANTS \_\_\_\_\_ EAP: Person contacted at venue to discuss EAP: Rechelle Twac Person making contact: Mke Indu Is there an Automated External Defibrillator (AED) on site: Ves \( \square\) No If yes, where: Does the venue have an Emergency Response Team: Yes \( \sigma \) No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Coa(he) (Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Approval of Site Based Council Representative **District Use Only** Section 2 Approval of District Representative Date DRIVER: TURN THIS FORM IN WITH TIMESHEETS **Section 3** Odometer Start: Date/Time Departure: Odometer End: Date/Time Return:

Date

Date

I hereby certify that the above information is correct to the best of my knowledge.

Coach or School Representative Signature

Driver Signature

**Driver Comments:** 

## **STUDENTS**

School-Related Student Trip Reque	est Form & Event Specific Emergency Action Plan (EAP)
SCHOOL CHS	FACULTY MEMBER(S) SPONSORING TRIP Wick Suffle
Organization requesting the Trip / Organization	nization responsible for Payment: TCHI 61/18 ake of to 1
DESTINATION PERFECT RY UNIVER	IddeADDRESS Hos Hampa
☐ Overnight; give name, address, phon	e of lodging Bulylyer
	701
DATE(S) OF TRIP 6/21/24	DEPARTURE TIME TBA RETURN TIME BA
SOURCE OF FUNDING FOR TRIP TCL 15.	5 (5-1) 1) espe espect
NO STUDENT SHALL BE	DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS 2 FACT	AP: Cres Coll. 18 Person making contact: Mr. Sr. Y.
<b>EAP:</b> Person contacted at venue to discuss E.	AP: Grac oll. AS Person making contact: W. E. A. F.
Is there an Automated External Defibrillator (	AED) on site: Yes \( \square\) No If yes, where: \( \square\) A \( \frac{1}{2} \)
Does the venue have an Emergency Response	AED) on site: Yes \( \square\) No If yes, where: \( \square\) 15 \( \frac{1}{2} \) Team: \( \square\) Yes \( \square\) No If yes, how are they contacted: \( \square\) 15 \( \frac{1}{2} \)
School Employee(s) Attending Trip (Please n	ote beside name if employee is CPR trained):
(D) and all of this to this	form if more space is needed to list school employees attending).
Signature of Faculty Sponsor	Date
Approval of Site Based Council Represen	tative Date 4.29.20
	District Use Only
Section 2	2.00.100 0.00 0.00.0
Approval of District Representative	Date
Approvar of District Representative	
	N THIS FORM IN WITH TIMESHEETS
Section 3	
Date/Time Departure:	Odometer Start:
Date/Time Return:	
I hereby certify that the above informatio	n is correct to the best of my knowledge.
Driver Signature	Date
Driver Comments:	
Conch on Cohool Domesontative Cionatum	
Coach of School Representative Signatur	e Date

drop-off and pick-up

STUDENTS 09.36 AP.21

School-Related Student Trip Re	equest Form & Event Specific Em	ergency Action Plan (EAP)
	FACULTY MEMBER(S) SPONSOR	
TYPE OF TRIP (CHECK ONE):		Tactle C 1111
Organization requesting the Trip / 0	Organization responsible for Payment;	ICCTT Footla'
DESTINATION Lindrey Wilton	College ADDRESS Wy Stell Rd	Columbia
Overnight; give name, address, j	Organization responsible for Payment:  College ADDRESS V Sell College  phone of lodging College Wilson	College
	/	TOA TOA
DATE(S) OF TRIP //21/24 dieg / 7/	DEPARTURE TIME	RETURN TIME PARTY
SOURCE OF FUNDING FOR TRIP	CCHS Football	
No student shal	IL BE DENIED THE TRIP BECAUSE OF AN INAI	BILITY TO PAY.
Number of: students 2	FACULTY SPONSORS TOTAL uss EAP: Ph/K/ecke/ Person m	L # OF PARTICIPANTS
<b>EAP:</b> Person contacted at venue to discu	uss EAP: Ph/K/eck:e/ Person m	naking contact: Mke Syl4
Is there an Automated External Defibrill	ator (AED) on site: Pryes D No If yes, w	where: //nc+tz
Does the venue have an Emergency Resp	ponse Team: Yes No If yes, how are	they contacted: Cusife
School Employee(s) Attending Trip (Ple	ease note beside name if employee is CPR to	rained):
Coaches		
Please use separate sheet and attach to	o this form if more space is needed to list school	employees attending).  Date
Approval of Site Based Council Repr	resentative / / /	Date <u>4.29.24</u>
	District Has Only	
Section 2	District Use Only	
		Date
Approval of District Representative		Date
	TURN THIS FORM IN WITH TIME	SHEETS
Section 3		
Date/Time Departure:	Odome	eter Start:
Date/Time Return:	Odome	eter End:
I hereby certify that the above inform	nation is correct to the best of my know	vledge.
Driver Signature		Date
Driver Comments:		
Coach or School Representative Sign	nature	Date