

Page 1 of 1  
ANNEX

09.36 AP.21

STUDENTS

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

SCHOOL JCMS FACULTY MEMBER(S) SPONSORING TRIP TARA OLEVEN

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SOFTBALL

DESTINATION COTTAGE CO HIGH ADDRESS 519 1/2 W GUM ST, MARIETTA, KY

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/17/24 DEPARTURE TIME 10:00 AM RETURN TIME 7:00 PM

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: EVANS .. Person making contact: MCGHEE

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: PHONE

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

TARA OLEVEN \_\_\_\_\_  
JOHN HAIN \_\_\_\_\_

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

[Signature] \_\_\_\_\_ 7/15/24 \_\_\_\_\_  
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**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

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

SCHOOL TAMS FACULTY MEMBER(S) SPONSORING TRIP TARA OLIVER

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SOFTBALL

DESTINATION Russellville High ADDRESS 1101 W 9th St, Russellville

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/27/24 DEPARTURE TIME 4:20 pm RETURN TIME 9:30pm

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: Brian Devenport Person making contact: McGhee

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: PHONE

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

TARA OLIVER  
Jessie Hays

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

[Signature]  
Signature of Faculty Sponsor

7/15/24  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

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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 Toms FACULTY MEMBER(S) SPONSORING TRIP TARA OLIVER

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SOFTBALL

DESTINATION BURTON CO ADDRESS 1852 S MAIN ST, MORGANTOWN, KY

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/29/24 DEPARTURE TIME 4:00 pm RETURN TIME 10:00pm

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: Cody Dandrea Person making contact: McGhee

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: PHONE

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

TARA OLIVER  
JANN HALL

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

[Signature] 7/15/24  
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

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Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver Comments:

Coach or School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Pick up @  
AANBY

STUDENTS

09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP TARA OLIVER

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SOFTBALL

DESTINATION LOAN Co HIGH ADDRESS 2222 BARKMAN GREEN RD, PUNAWANG

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/13/24 DEPARTURE TIME 4:15 PM RETURN TIME 9:30pm

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: Tom Adyer Person making contact: McGHEE

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: PHONE

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

TARA OLIVER  
JOHN HAN

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

[Signature]  
Signature of Faculty Sponsor

7/15/24  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

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Driver Comments:

Coach or School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

STUDENTS

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Tara Oliver

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SOFTBALL

DESTINATION CHRISTIAN CO HIGH ADDRESS 220 Glass Ave, Hopkinsville

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/9/24 DEPARTURE TIME 4:15 pm RETURN TIME 9:30pm

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: MEGAN SAUER Person making contact: McGHEE

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: PHONE

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

TARA OLIVER  
JAN HALL

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

[Signature] 7/15/24  
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

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Coach or School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Pick up @ ANSWER

STUDENTS

09.36 AP.21

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

SCHOOL Toms FACULTY MEMBER(S) SPONSORING TRIP Tara Oliver

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SOSIBAW

DESTINATION Warren Central ADDRESS 559 Morgantown Rd, Bowlsboro Green

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9 / 19 / 24 DEPARTURE TIME 4:00 pm RETURN TIME 10:00pm

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: Michael Temmer Person making contact: McInnes

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: Phone

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Tara Oliver  
Jordan Hall

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

[Signature] 7/15/24  
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

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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 TCMS FACULTY MEMBER(S) SPONSORING TRIP TARA OLVEREN

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SOFTBALL

DESTINATION MICHAEL BUCHANAN PARK ADDRESS 9722 NADWENS RD, BOWLING GREEN

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/27/24 DEPARTURE TIME TBA RETURN TIME TBA

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: JASON CAMPBELL Person making contact: McGHEE

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: PHONE

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

TARA OLVEREN  
JASON HALL

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

[Signature] Signature of Faculty Sponsor Date 7/15/24

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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 \_\_\_\_\_

Keep up  
@  
A.N.Y.E.Y.

STUDENTS

09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP TARA OLIVER

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SOFTBALL

DESTINATION Michael Bowman Park ADDRESS 9222 Nashville Rd, Bowling Green

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/25/24 DEPARTURE TIME TBA RETURN TIME TBA

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: JASON CAMPBELL Person making contact: Michael

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: PHONE

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

TARA OLIVER  
JOHN HALL

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

[Signature] Signature of Faculty Sponsor Date 7/15/24

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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 TCMS FACULTY MEMBER(S) SPONSORING TRIP NEKKE ANDREWS

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Volleyball

DESTINATION OLMSTEAD ADDRESS 1170 OLMSTEAD P.O., OLMSTEAD, KY 42265

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/17/24 DEPARTURE TIME TBA RETURN TIME TBA

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 23 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: KATHY THWEATT Person making contact: STEVEN MCGEE

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: Phone

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

NEKKE ANDREWS  
RYAN HENRY

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

[Signature] 7/15/24  
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

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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 Specific Emergency Action Plan (EAP)

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP NIKES ANDREWS

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Volleyball

DESTINATION FOUNDATION CHRISTIAN Acad ADDRESS 2480 THREE SPRINGS RD, BOWLING GREEN

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/19/24 DEPARTURE TIME 4:00 pm RETURN TIME 10:00pm

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 23 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: MATT BASTEN Person making contact: STEVEN MCGHEE

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: PHONE

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

NIKES ANDREWS  
ROBIN HEWET

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

[Signature] 7/15/24  
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

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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 TOMS FACULTY MEMBER(S) SPONSORING TRIP NIXON ANDREWS

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Volleyball

DESTINATION DHA ADDRESS 1300 ACADEMY DR, HOPKINSVILLE

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/29/24 DEPARTURE TIME 4:15 pm RETURN TIME 9:30 pm

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 23 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: HELEN MARSHALL Person making contact: STEVEN McBRIDE

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: PHONE

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

NIXON ANDREWS  
ROAN HAWES

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

[Signature] Signature of Faculty Sponsor Date 8/15/24

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

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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 TCMS FACULTY MEMBER(S) SPONSORING TRIP Nikki Andrews

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Venue

DESTINATION Auburn Elementary ADDRESS 221 College St, Auburn KY

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/3/24 DEPARTURE TIME 4:00 pm RETURN TIME 10:00pm

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 23 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Hannah Crow Person making contact: Steven McGhee

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: Phone

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Nikki Andrews  
Roslyn Henry

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

[Signature] Signature of Faculty Sponsor Date 7/15/24

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

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Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver Comments:

Coach or School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Nikki Andrews

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Volunteer

DESTINATION Kenwood Middle ADDRESS 241 E PINE MOUNTAIN RD, LAURENSVILLE

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/10/21 DEPARTURE TIME 4:15 PM RETURN TIME 9:30 PM

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 23 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Kristal Head Person making contact: Steven McGhee

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: Phone

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Nikki Andrews  
Koby Henry

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

[Signature]  
Signature of Faculty Sponsor

7/15/21  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

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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 TCMS FACULTY MEMBER(S) SPONSORING TRIP NICKS ANDREWS

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Volleyball

DESTINATION CHANDLER'S ELEMENTARY ADDRESS 6000 MORGANTOWN RD, RUSSELLVILLE

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/17/24 DEPARTURE TIME 4:15 PM RETURN TIME 9:30am

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 23 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Sierra Mcbee Person making contact: STEVEN Mcbee

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: PHONE

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

NICKS ANDREWS  
ROBYN HENRY

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

[Signature] 7/15/24  
Signature of Faculty Sponsor Date

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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 TOMS FACULTY MEMBER(S) SPONSORING TRIP NEKKE ANDRUS

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: VOLLEYBALL

DESTINATION OLMSTEAD ELEMENTRY ADDRESS 1170 OLMSTEAD RD, OLMSTEAD KY

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/19/24 DEPARTURE TIME 4:15 pm RETURN TIME 9:30 pm

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: KATHY THWEATT Person making contact: STEVEN McBEE

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: PHONE

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

NEKKE ANDRUS  
RAYN HENRY

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

[Signature]  
Signature of Faculty Sponsor

7/15/24  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**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 Specific Emergency Action Plan (EAP)

SCHOOL TOMS FACULTY MEMBER(S) SPONSORING TRIP NIKKE ANDREWS

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Volleyball

DESTINATION CHRISTIAN Co. Middle ADDRESS 215 Glass Ave., Hodginsville, KY

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/24/24 DEPARTURE TIME 4:15 pm RETURN TIME 9:30 pm

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 23 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Megan Sauer Person making contact: Steven McHEG

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: Phone

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

NIKKE ANDREWS  
ROBIN HEWY

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

[Signature]  
*Signature of Faculty Sponsor*

7/15/24  
*Date*

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

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Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver Comments:

Coach or School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_



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

SCHOOL Toms FACULTY MEMBER(S) SPONSORING TRIP Nikki Andrews

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Volleyball

DESTINATION CHRISTIAN Co Middle ADDRESS 215 Glass Ave, Hockleyville

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/25/24 DEPARTURE TIME TBA RETURN TIME TBA

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 23 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Megan Sauge Person making contact: Steven McGhee

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: Phone

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Nikki Andrews  
Robin Henry

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

[Signature]  
Signature of Faculty Sponsor

9/15/24  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

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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 TCMS FACULTY MEMBER(S) SPONSORING TRIP Nikki Andrews

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Volleyball

DESTINATION Franklin-Simpson Middle ADDRESS 322 S College St, Franklin, KY

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/30/24 DEPARTURE TIME 4:00 pm RETURN TIME 10:00 pm

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 23 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: ANDREA ROBERTS Person making contact: STEVEN McINNES

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: PHONE

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Nikki Andrews  
Ryan Henry

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

[Signature] 7/15/24  
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

**Section 2**

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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 TCMS FACULTY MEMBER(S) SPONSORING TRIP MICHAEL TURANGE

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: FOOTBALL

DESTINATION McCRACKEN Co. High ADDRESS 6530 Old Hwy 60, Paducah, KY

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/9/24 DEPARTURE TIME 3:00 PM RETURN TIME 11:00 PM

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 35 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 39

EAP: Person contacted at venue to discuss EAP: AUSTIN WILSON Person making contact: MIKE TURANGE

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: PHONE

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

MICHAEL TURANGE \_\_\_\_\_  
MICHAEL BLAKE \_\_\_\_\_  
ANTHONY FRANCIS \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Faculty Sponsor Date 7/15/24

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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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 TCMS FACULTY MEMBER(S) SPONSORING TRIP MICHAEL TURANGE

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: FOOTBALL

DESTINATION Jo Byrnes High ADDRESS 7025 US-41, CEDAR HILL, TN

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/13/24 DEPARTURE TIME 4:30 PM RETURN TIME 11:00 PM

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 35 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 39

EAP: Person contacted at venue to discuss EAP: JUSTIN ROBINSON Person making contact: STEVEN MCGHEE

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: PHONE

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

MICHAEL TURANGE \_\_\_\_\_ CHARLES ELLIOT \_\_\_\_\_  
MICHAEL BLAKE \_\_\_\_\_  
ANTHONY FRANCIS \_\_\_\_\_

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

[Signature] \_\_\_\_\_ 7/15/24 \_\_\_\_\_  
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

District Use Only

Section 2

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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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 TOMS FACULTY MEMBER(S) SPONSORING TRIP MICHAEL TURANGE

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: FOOTBALL

DESTINATION JAMES BEARRELL ADDRESS 570 W OLEVER ST, SCOTTSVILLE, KY

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/24/24 DEPARTURE TIME 9:30 AM RETURN TIME 5:00pm

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 35 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 39

EAP: Person contacted at venue to discuss EAP: DERON SIGALL Person making contact: MIGHEC

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: PHONE

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

MICHAEL TURANGE \_\_\_\_\_ CHRIS ELLIOTT \_\_\_\_\_  
MICHAEL BLAKE \_\_\_\_\_  
ANTHONY FRANCES \_\_\_\_\_

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

\_\_\_\_\_  
*Signature of Faculty Sponsor* \_\_\_\_\_ 7/15/24  
*Date*

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

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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 \_\_\_\_\_

PICK UP  
@  
ANNEX  
09.36 AP.21

STUDENTS

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

SCHOOL TOMS FACULTY MEMBER(S) SPONSORING TRIP MICHAEL TURANGE

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: FOOTBALL

DESTINATION FRANKLIN-SIMPSON ADDRESS 327 S. COLLEGE ST, FRANKLIN, KY

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/12/24 DEPARTURE TIME 4:00 PM RETURN TIME 10:00PM

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 35 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 39

EAP: Person contacted at venue to discuss EAP: ELS HURT Person making contact: MCHINEE

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: PHONE

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

MICHAEL TURANGE \_\_\_\_\_ CHRIS ELLIOTT \_\_\_\_\_  
MICHAEL BLAKE \_\_\_\_\_  
ANTHONY FRANCIS \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Faculty Sponsor Date 7/15/24

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Driver Comments:

Coach or School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

STUDENTS

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP MICHAEL TURANGE

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: FOOTBALL

DESTINATION CALDWAY Co HSAH ADDRESS 2108 College Farm Rd, Murray, KY

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/19/24 DEPARTURE TIME 4:00 PM RETURN TIME 11:00pm

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 35 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 39

EAP: Person contacted at venue to discuss EAP: DAVID CARMELIACI Person making contact: McGHEE

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: PHONE

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

MICHAEL TURANGE \_\_\_\_\_ CHRIS ELLIOTT \_\_\_\_\_  
MICHAEL BLAKE \_\_\_\_\_  
ANTHONY FRANKS \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Faculty Sponsor Date 7/13/24

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