

Field Trip Planning Form

This form is to be used when students take any trip off campus for school purposes.

School: CONNOR High Grade(s): 9-12 Class/Activity Group/Team: FFA
 Teacher/Sponsor/Coach: JoAnn COLLINS Cell Phone Number: 859-391-6105
 Person trained with current medication administration training CPR/FA/AED credential: JoAnn COLLINS

Destination Venue, Location and State: Indianapolis CONVENTION Center & Fairgrounds Indianapolis IN

Trip Location Contact Person: _____ Phone Number: _____

Teachers: 4 # Students: 40 # Chaperones: _____ Adult/Student Ratio: 1:10

| | | |
|--|---|---|
| <p>Date(s) & Times <u>Oct. 23</u> Departure Date: <u>September 2024</u> Time: <u>8:00</u> <u>AM</u>/<u>PM</u> Return Date: <u>Oct. 25 2024</u> Time: <u>4:00</u> <u>AM</u>/<u>PM</u></p> | <p>Cost Total Cost: \$ <u>400.00</u> Funding Source: <u>FFA</u> Fee to be assessed to students: \$ <u>400.00</u> <small>Attach Student Activity Cost Form 09.15 AP.23</small></p> | <p>Transportation <input type="checkbox"/> District Bus/Van <input checked="" type="checkbox"/> Charter Bus: <u>Queen City</u> Approved Bid - Company Name <input type="checkbox"/> Other: _____ <small>Attach a copy of Charter Bus Contract.</small></p> |
| Meals | At school prior to departure <input type="checkbox"/> Student Packed <input type="checkbox"/> Location where packed lunches will be consumed: _____ School Cafeteria Packed <input type="checkbox"/> | |
| Student Purchase Restaurant <input checked="" type="checkbox"/> (Name and location of each stop) | Name & Location: <u>See Itinerary</u> Name & Location: _____ | |
| Over Night | Date: <u>Oct. 23 2024</u> Lodging: _____ Date: <u>Oct. 24</u> Lodging: <u>Embassy Suites Indianapolis IN</u> | |

Trip Purpose and Core Content/learning targets: FFA NATIONAL CONVENTION

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: _____

If any medication is listed on the parent permission form, someone must be identified and trained to administer medications. Consult with the school nurse to see who is permitted to give routine and/or emergency medications in the state(s) where the trip is planned. This form may not be submitted to Central Office for Board consideration until you have listed who will be administering all medications and the nurse has ensured that they are trained and authorized.

Name of trained administrator(s) of routine and emergency medications: JoAnn COLLINS

School Nurse Initials: JW for verification that medications administrator listed above received training.

Due Date: 8/7/24 to turn in Roster and completed Parent Permission Slips for nurse's final review.

The following items have been completed or are in process. (Teacher/Sponsor/Coach must initial below)

- N/A I have viewed the field trip video for teachers/sponsors/coaches found on the district website
- I have attached an anticipated Trip Itinerary
- I have evaluated the trip site for potential hazards/special requirements
- I have an event-specific emergency action plan for the trip site and will distribute to all personnel attending the event in an official capacity.
- Funds have been secured for indigent students
- If needed, background checks for chaperone approval have been initiated
- Plans have been made for students who currently have medication orders on file at the school, to receive routing medications (trained employee for KY trips and states where approved, nurse, or parent attending):

Teacher/Sponsor/Coach Signature: J Collins Date: 8-13-23

School-Related Student Trip Request Form**EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)**

FOR

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUSDestination/Venue Indianapolis Convention CenterVenue Address Indianapolis INPerson or email contacted at venue to discuss EAP Cathy CrawfordPosition/Title of person contacted Safety CoordinatorDate (s) of contact June 2024Is there an Automatic External Defibrillator (AED) on site yes no? Is it regularly maintained? yes no? If yes, where is it located? _____Does venue have an emergency response team (ERT) yes no?Process to request AED and/or ERT if needed at the scene See attachmentsWill a portable AED be taken from school on this trip yes no? If yes, who will be responsible for oversight and location of AED? _____Is any other assigned emergency equipment available on field trip? yes no

If so, list location of equipment _____

The school personnel or volunteer attending in an official capacity who is in charge of the student is responsible for the main components of the EAP.

The main components of this Cardiac Emergency Action Plan that need to be communicated include:

- Location of AEDs.
- If possible, how to gain access.
- Steps that must be taken quickly to initiate the chain of survival.
 - Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing).
 - Call 911 using cell phone or other means of communication.
 - Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute).
 - Retrieve and use the nearest AED.
 - Continuing supporting the victim until the local EMS arrives and takes over care; and
 - Direct EMS to the scene.

APPROVAL SIGNATURES REQUIRED

- CHECK ALL BOXES BELOW THAT APPLY TO THIS TRIP REQUEST AND SECURE ALL REQUIRED SIGNATURES

○ Principal: [Signature] Date: 8/29/2021
 ○ Required for all trips

○ Superintendent/Designee: _____ Date: _____
 ○ Overnight Trips

○ Board of Education: _____ Meeting Date: _____

○ Submit forms to Superintendent/Designee for review and submission to the Board for approval.

○ Travel outside the Tri-State area of KY, OH, IN

○ Common Carrier contract including cost

○ Common Carrier Transportation Reason for using a Charter Bus/Plane: _____

○ All field trip forms requiring Board approval must be completed and submitted by Deadline for next Board meeting.

School-Related Student Trip Request Form

EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP) FOR

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue Indianapolis Fairgrounds

Venue Address Indianapolis IN

Person or email contacted at venue to discuss EAP Cathy Crawford

Position/Title of person contacted Safety Coordinator

Date (s) of contact July 2024

Is there an Automatic External Defibrillator (AED) on site yes no? Is it regularly maintained? yes no? If yes, where is it located? _____

Does venue have an emergency response team (ERT) yes no?

Process to request AED and/or ERT if needed at the scene See attachments

Entire Safety Packet is with sponsor (Jo Ann Collins)

Will a portable AED be taken from school on this trip yes no? If yes, who will be responsible for oversight and location of AED? _____

Is any other assigned emergency equipment available on field trip? yes no

If so, list location of equipment _____

The school personnel or volunteer attending in an official capacity who is in charge of the student is responsible for the main components of the EAP.

The main components of this Cardiac Emergency Action Plan that need to be communicated include:

- Location of AEDs.
- If possible, how to gain access.
- Steps that must be taken quickly to initiate the chain of survival.
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 - Call 911 using cell phone or other means of communication.
 - Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute).
 - Retrieve and use the nearest AED.
 - Continuing supporting the victim until the local EMS arrives and takes over care; and
 - Direct EMS to the scene.

APPROVAL SIGNATURES REQUIRED

○ CHECK ALL BOXES BELOW THAT APPLY TO THIS TRIP REQUEST AND SECURE ALL REQUIRED SIGNATURES

○ Principal: [Signature] Date: 8/20/24

○ Required for all trips

○ Superintendent/Designee: _____ Date: _____

○ Overnight Trips

○ Board of Education: _____ Meeting Date: _____

○ Submit forms to Superintendent/Designee for review and submission to the Board for approval.

○ Travel outside the Tri-State area of KY, OH, IN

○ Common Carrier contract including cost

○ Common Carrier Transportation Reason for using a Charter Bus/Plane: _____

○ All field trip forms requiring Board approval must be completed and submitted by Deadline for next Board meeting.

14. MEDICAL AND FIRST AID

If you suspect a head or spinal injury, DO NOT MOVE the victim unless there is an immediate life-threatening emergency. If you encounter an injured person:

- a. Check to make sure the scene is safe before approaching the victim.
- b. Ask the victim permission to assist.
 - i. If the victim is unconscious, assume they give permission to assist.
- c. Call ISFC Security at 317-927-7520. ISFC Security carries first aid supplies and an AED with them at all times to be able to assist. ISFC Security personnel are also trained in basic first aid and CPR.
 - i. Provide the following information:
 1. Location of the person (building, area, floor, office, etc.).
 2. Type of medical emergency or injury (cut, fall, chest pain, burn, etc.).
 3. Whether the victim is conscious.
 4. How the injury occurred.
 5. Location of the nearest entrance to where the individual is located.
- a. Assume all blood and bodily fluids are contaminated with an infectious disease. Do not touch any blood or bodily fluids without gloves and other appropriate protection.
- e. Keep the victim still and comfortable until help arrives. Do not move the victim unless there is an immediate life-threatening emergency.
- a. Individuals not certified in first aid and/or CPR should not administer first aid and/or CPR, but should wait for help to arrive.

First Aid Supplies & AEDs:

First aid kits are located in staff buildings throughout the ISFEC and contain supplies to provide basic first aid skills. Automated External Defibrillators (AEDs) are located throughout the ISFEC including staff buildings. You should not operate an AED unless you are properly trained to do so. AEDs can be found in the following locations:

| | |
|-----------------------------|--|
| Administration | Copy Room |
| Blue Ribbon | South Wall of West Lobby |
| Coliseum | Ticket Office Lobby Entrance Outside 1 st Aid Room – Section 207 |
| Communications | Copy Room |
| Discovery Hall | Basement Office (south side) |
| Facility Maintenance Garage | Near Time Clock in Office |
| Security Patrol Vehicle | Ready Bag |
| South Pavilion | Southeast Corner of Hall C |
| Vehicle Garage | Office |
| West Pavilion | Southeast Corner of North Lobby |
| Youth Arena | Northeast Corner of Arena |

Trip Quote and Confirmation



Trip #: 60444
 Trip Date: 23-Oct-2024
 Group: Cooper HS to Indy

CONNER HIGH SCHOOL
 3310 COUGAR PASS
 HEBRON, KY 41048
 Contact: JoAnn Gripshover

 Email: joann.gripshover@boone.kyschools.us

Date Quoted: 24-Jul-2024
 Total Vehicles: 1
 Sales Person: Elaine Sheaks

MC - 56 Pax

1 x \$5,125.00 = \$5,125.00

| | | | |
|-----------|----------------------|--|--|
| Spot Time | 23-Oct-2024 7:45 AM | Randall K. Cooper High School | 2855 Longbranch Rd Union, KY 41091 |
| Pick Up | 23-Oct-2024 8:00 AM | Randall K. Cooper High School | 2855 Longbranch Rd Union, KY 41091 |
| Drop Off | 23-Oct-2024 | Fair Oaks Farms-Fair Oaks, IN | 856 N 600E Fair Oaks, IN 47943 |
| Pick Up | 23-Oct-2024 3:00 PM | Fair Oaks Farms-Fair Oaks, IN | 856 N 600E Fair Oaks, IN 47943 |
| Drop Off | 23-Oct-2024 | Sheraton-Indianapolis | 8787 Keystone Xing Indianapolis, IN 46240-2108 |
| Pick Up | 23-Oct-2024 | Sheraton-Indianapolis | 8787 Keystone Xing Indianapolis, IN 46240-2108 |
| Drop Off | 23-Oct-2024 | Sky Jump-Indy | 8356 Master Rd Indianapolis , IN 46250 |
| Pick Up | 23-Oct-2024 9:00 PM | Sky Jump-Indy | 8356 Master Rd Indianapolis , IN 46250 |
| Drop Off | 23-Oct-2024 | Sheraton-Indianapolis | 8787 Keystone Xing Indianapolis, IN 46240-2108 |
| Pick Up | 24-Oct-2024 8:00 AM | Sheraton-Indianapolis | 8787 Keystone Xing Indianapolis, IN 46240-2108 |
| Drop Off | 24-Oct-2024 | Indiana Convention Center | 100 S Capitol Ave Indianapolis, IN 46225 |
| Pick Up | 24-Oct-2024 5:30 PM | Indiana Convention Center | 100 S Capitol Ave Indianapolis, IN 46225 |
| Dinner | 24-Oct-2024 | TBD | |
| Drop Off | 24-Oct-2024 | Sheraton-Indianapolis | 8787 Keystone Xing Indianapolis, IN 46240-2108 |
| Pick Up | 24-Oct-2024 | Sheraton-Indianapolis | 8787 Keystone Xing Indianapolis, IN 46240-2108 |
| Drop Off | 24-Oct-2024 8:00 PM | Scream Park | 5211 S New Columbus Road Anderson, IN 46013 |
| Pick Up | 24-Oct-2024 | Scream Park | 5211 S New Columbus Road Anderson, IN 46013 |
| Drop Off | 24-Oct-2024 11:00 PM | Sheraton-Indianapolis | 8787 Keystone Xing Indianapolis, IN 46240-2108 |
| Pick Up | 25-Oct-2024 9:00 AM | Sheraton-Indianapolis | 8787 Keystone Xing Indianapolis, IN 46240-2108 |
| Drop Off | 25-Oct-2024 | Indiana Convention Center-Indianapolis, IN | 100 S Capitol Ave. Indianapolis, IN 46225 |

Trip Quote and Confirmation



Trip #: 60444
Trip Date: 23-Oct-2024
Group: Cooper HS to Indy

| | | | |
|----------|----------------------|--|---|
| Pick Up | 25-Oct-2024 12:00 PM | Indiana Convention Center- Indianapolis, IN | 100 S Capitol Ave. Indianapolis, IN 46225 |
| Drop Off | 25-Oct-2024 4:00 PM | Randall K. Cooper High School | 2855 Longbranch Rd Union, KY 41091 |

Notes to Client

Extra Costs

The group is responsible for the driver's room and securing overnight parking for the motor coach while traveling.

Total: \$5,125.00

Trip Quote and Confirmation



Trip #: 60444
Trip Date: 23-Oct-2024
Group: Cooper HS to Indy

Quotes are based on information given at the time of booking. Additional charges may be incurred upon receipt of your final itinerary or if you have exceeded the hours or mileage estimated after your charter returns. Changes in itineraries should be reported to us as soon as possible. Client is responsible for all parking, toll fees, and permits unless indicated in the quote. Quote is valid for 7 business days.

Where specific service agreements are in effect between us, that agreement will supersede these Terms and Conditions.

The deposit must be received within 5 business days of booking. The balance is due 15 days prior to the trip. Charter is subject to cancellation if payment in full is not received 15 days before trip.

Driver Assignments cannot always be guaranteed.

Customer Initials

TERMS AND CONDITIONS

USE OF OR PAYMENT FOR THE SERVICES SHALL BE DEEMED ACCEPTANCE OF THESE TERMS AND CONDITIONS.

SERVICE: Performance of the Services detailed in this Agreement is contingent upon the Carrier's ability to furnish the vehicle and perform the Services. Carrier reserves the right to lease the vehicle from other carriers or subcontract services in order to fulfill this Agreement. Carrier will follow the written itinerary, however, exact departure and arrival times are not guaranteed. Carrier will abide by federal, state, and local regulations as applicable. Customer shall bear all out-of-pocket expenses including parking expenses, tolls and park entrance fees at the time of Service.

ADDITIONAL CHARGES: The Customer shall be responsible for all hotel rooms, parking expenses, tolls and park entrance fees, and any additional fees incurred by Carrier in performing Services set out in this Agreement, which will be collected post-trip unless otherwise specified in this Agreement. Any changes to the original itinerary requested by Customer within 48 hours of the scheduled trip will be subject to additional fees. Customer authorizes Carrier to bill any of these above referenced additional charges to the credit card used to reserve the Services and Customer agrees to pay all such charges in accordance with the cardmember agreement.

CANCELLATIONS: Cancellations made 30 days prior to departure will receive a refund of payments. Any cancellations made 30 to 16 days prior to departure will forfeit the deposit. Trips cancelled within 15 days of departure will be subject to a 50% cancellation fee and trips cancelled within 24 hours of departure will be liable for the total cost of the trip. In the event of inclement weather, clients may reschedule the trip within 12 weeks without any additional charges. Rescheduled trips are subject to availability. If we are unable to reach an agreement on a new date, you will receive 50% refund. In the event of extreme weather conditions, the final decision to execute a trip will be made by our Safety Team. In the event that the Safety Team deems travel unsafe, all efforts will be made to reschedule your trip at an agreed upon date. If that is not possible, we will refund payment.

RISK OF LOSS: Carrier is not responsible for the loss, damage, or theft of personal property. Carrier is not responsible for the personal injury of Customers or third parties caused by the negligent intentional, or unintentional acts of the

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Customer, passengers or third parties.

CUSTOMER RESPONSIBILITIES: At any time during the charter trip the Carrier, or the operator as the Carrier's representative, reserves the right to refuse to transport any person or persons that Carrier or its representative believes to be in violation Carrier's charter transportation policy, including without limitation adherence to the rules regarding prohibited activities and items set forth in these terms and conditions. Customer further agrees to comply with all applicable laws, rules, regulations and ordinances.

PROHIBITED ITEMS: The following items and activities are prohibited at all times on Carrier vehicles: (a) smoking tobacco or any other substance, or carrying a lighted or smoldering substance in any form; (b) with the exception of peace officers, carrying aboard any weapon; (c) flammable or explosive substances and materials (except for matches and cigarette lighters), such as cooking stoves, propane tanks and other fuels; (d) with the exception of service animals, carrying aboard any animal not housed in an enclosed carrying container; (e) spitting, urinating, or defecating in any part of the vehicle other than the restroom; (f) obstructing any aisle, emergency exit, or stairway of the vehicle, with any package, article, or equipment (e.g., strollers, crates, luggage, etc.); (g) playing any audio or video device or instrument without a personal listening attachment (earphone); (h) littering, discarding, or depositing any trash, debris, or offensive substances in any inappropriate manner (including throwing into, at or from the vehicle); (i) engaging in any violent, tumultuous, or threatening behavior; (j) damaging, writing upon, or otherwise defacing or altering property; (k) making excessive and unnecessary noise, or using profanity; (l) obstructing the free movement of passengers; (m) interfering with the safe operation or movement of a Carrier vehicle or operator in any way, or refusal to abide by instructions from the vehicle operator; (n) engaging in any activity prohibited by Federal, State, County, Municipal, or any other applicable law; (o) entering, exiting, climbing or extending arm, leg or head out of vehicle rear exit door or window unless directed by a Carrier official or in the event of an emergency; (p) refusing to leave any Carrier vehicle after having been ordered to do so by the operator of the vehicle, a security guard, peace officer, or Carrier official or supervisor. Failure to comply with these Carrier's charter transportation policy may result in immediate removal up to suspension of charter transportation privileges. Carrier is not responsible for any passengers who have not boarded the vehicle at the time of departure. Customer must provide their own supervision if required. The Carrier is not responsible for the Customer's failure to provide supervision. Any activity that interferes with the safe operation of the vehicle shall be discontinued immediately. Use of any external signage or decoration requires prior Carrier approval and may be subject to applicable law.

REPAIRS OR DAMAGE: The Customer is liable for all damage to the vehicle interior and exterior caused by any of the passengers or incurred during the charter trip, unless the result of driver's negligence. Customer agrees that Carrier will assess additional fees post -trip for biological cleaning services or other services beyond ordinary wear and tear. Customer shall be responsible for replacement costs of any items that cannot be satisfactorily cleaned or repaired.

INSURANCE: Carrier shall maintain insurance for General and Auto Liability coverage and for Workers' Compensation coverage. General and Auto Liability insurance shall be maintained to protect Carrier from any claims from damages for personal injury or death, and from damage to property, which may arise from operations of Carrier under this Agreement. The General Liability and Automobile Liability insurance shall each have a single limit of One Million Dollars (\$1,000,000.00). Worker's Compensation Insurance shall be maintained by Customer as required by law to protect the Carrier from claims that arise from its operation under this Agreement.

HOLD HARMLESS: The Customer agrees to defend, hold harmless and indemnify the Carrier, and its parent, affiliates, officers, agents, or employees (the "Indemnitees") from and against all claims, damages and expenses (including reasonable attorney's fees) (the "Claims") arising out of or in connection with the negligence or willful misconduct of the Customer or any passengers and relating to or during the performance of the Services provided by Carrier pursuant to this Agreement. Customer, at its own expense and risk, shall defend any legal proceeding in connection with this Agreement

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Group: Cooper HS to Indy

that may be brought against the Indemnitees on any such Claims and satisfy any judgment that may be rendered against the Indemnitees. In the event that any such proceeding is brought against the Indemnitees, Carrier shall have the right to select and employ counsel to defend such persons and entities and shall have the right to settle any Claims when the Carrier, in its sole discretion, deems such a settlement advisable. The Customer, its agents, employees, representatives, officers and directors shall cooperate in all reasonable manners related to the defense of such Claims.

FORCE MAJEURE: Carrier shall be excused from performance hereunder during the time and to the extent that it is prevented from performing in the customary manner by an act of God, fire, flood, earthquake, war, riot, civil disturbance, terrorism, epidemic, quarantine, strike, lockout, labor dispute, oil or fuel shortage, freight embargo, rationing or unavailability of materials or products, loss of transportation facilities, commandeering of the vehicle, materials, products, plants, or facilities by the Government, unexpected vehicle breakdowns or any other occurrence which is beyond the control of the Carrier. Additionally, the Carrier shall not be responsible for any damages which result from any cancellation or delay. In the event of a vehicle breakdown, all efforts will be made to supply a replacement vehicle. If a replacement vehicle is sent and/or Customer refuses a replacement vehicle, no refund is due. If no replacement vehicle is available, refund shall be limited to the amount paid by Customer.

AS IS WARRANTY: The vehicle and Services included or otherwise made available to the Customer are provided on an "As Is" and "As Available" basis. Carrier makes no representations or warranties of any kind, express or implied, as to the operation of vehicle and accessories.

LIMITATION OF LIABILITY: TO THE FULLEST EXTENT PERMITTED BY LAW, AND NOT WITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, THE TOTAL LIABILITY, IN THE AGGREGATE, OF THE CARRIER AND THE CARRIER'S OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES, AGENTS, AND ANY OF THEM, TO THE CUSTOMER AND ANYONE CLAIMING BY, THROUGH OR UNDER THE CUSTOMER, FOR ANY AND ALL CLAIMS, LOSSES, COSTS OR DAMAGES OF ANY NATURE WHATSOEVER ARISING OUT OF, RESULTING FROM OR IN ANY WAY RELATED TO THE AGREEMENT FROM ANY CAUSE OR CAUSES, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE, ERRORS OR OMISSIONS, STRICT LIABILITY, BREACH OF CONTRACT OR WARRANTY, EXPRESS OR IMPLIED, OF THE CARRIER AND THE CARRIER'S OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, AND ANY OF THEM, SHALL NOT EXCEED THE TOTAL COMPENSATION RECEIVED BY THE CARRIER UNDER THIS AGREEMENT. IN NO EVENT SHALL EITHER PARTY BE LIABLE FOR CONSEQUENTIAL, SPECIAL, INDIRECT, INCIDENTAL, PUNITIVE, TREBLE CONSEQUENTIAL OR EXEMPLARY DAMAGES OF ANY KIND EVEN IF THE PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES OR COULD HAVE REASONABLY FORESEEN SUCH DAMAGES.

DISPUTE RESOLUTION: The parties agree to submit any dispute to binding arbitration under the Commercial Rules of the American Arbitration Association. Such arbitration will be held as promptly as possible in Hamilton County, Ohio and will be conducted before a panel of three (3) members. The Carrier and the Customer shall each select one arbitrator, and the third arbitrator shall be selected by agreement of the other two arbitrators so chosen. The decision of a majority of the arbitration panel will be binding on the parties and may be submitted for enforcement to any court of competent jurisdiction. The respective costs and expenses associated with the arbitration shall be borne by each party separately.

GOVERNING LAW/ENTIRE AGREEMENT: This Agreement and all of the rights and obligations of the parties hereto shall be construed, interpreted and applied in accordance with the laws of the State of Ohio. This document represents the entire Agreement between the parties. No changes or modifications shall be made to these Terms and Conditions. In case any provision hereof shall, for any reason, be held invalid or unenforceable in any respect, such invalidity or unenforceability shall not affect any other provision hereof, and this Agreement shall be construed as if such

Trip Quote and Confirmation



Trip #: 60444
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Group: Cooper HS to Indy

invalid or unenforceable provision had not been included herein.

HEADINGS: Headings herein are for convenience only and have no effect in limiting or extending the language of the provisions to which they refer.

AUTHORIZED CONTACTS: The Customer identifies the following person(s) as additional authorized contacts as it relates to the itinerary and Services.

| | | | |
|-----------------------|----------------|-------|--------|
| _____ | _____ | _____ | _____ |
| Customer Contact Name | Title/Position | Phone | Mobile |

| | | | |
|-----------------------|----------------|-------|--------|
| _____ | _____ | _____ | _____ |
| Customer Contact Name | Title/Position | Phone | Mobile |

| | | | |
|-----------------------|----------------|-------|--------|
| _____ | _____ | _____ | _____ |
| Customer Contact Name | Title/Position | Phone | Mobile |

Customer's authorized signature below demonstrates full acceptance and acknowledgement of this Agreement.

| | | |
|----------------------|------------------|-------------|
| _____ | _____ | _____ |
| Authorized Signature | Print Name/Title | Date Signed |

Thank You for Your Business

National FFA Convention *TENTATIVE* Itinerary

(Updated 7/24/2024)

October 23rd – 25th

| WED. OCT. 23 rd | |
|----------------------------|--|
| 8:00AM | Load the bus at Cooper High School - 2855 Longbranch Road Union, KY 41091 |
| 10:00AM (CENTRAL TIME) | Ag Industry Tour of <i>TBD – Tour Reserved in September during Registration</i> <i>Eat Snack or Lunch at Fair Oaks (there are a couple of options)</i> |
| 12:00PM | Lunch – TBD based on Ag Industry Tour Location |
| 1:30PM | Check in at Hotel - Change into Official Dress for session |
| 3:30PM | Convention Opening Session |
| 5:30PM | Hotel to Change for Concert - Supper at Hotel – Pizza Delivered |
| 7:30PM | Concert (Person TBD) - Indiana Convention Center 100 S Capitol Ave Indianapolis, IN 46225 <i>or</i> SkyZone Jump Park - 8356 Masters Rd. Indianapolis, IN 46250 |
| 10:30PM | Return to Hotel |
| 11:00PM | Room Checks & Lights Out |

| THUR. OCT. 24 th | |
|-----------------------------|--|
| 7:00AM | Breakfast at Hotel (Continental Breakfast) |
| 8:00AM | Leave Hotel for Career Show - Leadership Workshop - View National Contests - Career Show Scavenger Hunt - National Days of Service (TBD) Lunch at Convention Center |
| 5:00PM | Load Bus & Return to Hotel for Cleanup |
| 6:00PM | Dinner TBD in route to Scream Park |
| 7:30PM | Arrive at Indy Scream Park - 5211 S. New Columbus Rd. Anderson, IN 46013 |
| 10:30PM | Return to Hotel |
| 11:30PM | Lights Out |

| FRI. OCT. 25 th | |
|----------------------------|---|
| 8:00AM | Breakfast at Hotel (Continental Breakfast) |
| 9:00AM | Load Bus & Return to Convention Center - Last chance for FFA Shopping Mall and Career Show |
| 2:00PM | Depart Convention Center to Return Home - Lunch at Convention Center prior to departure |

| | |
|--------|--|
| 4:00PM | Arrive Home at Cooper High School - 2855 Longbranch Road Union, KY 41091 |
|--------|--|



= Official Dress

| | | |
|--|---|--|
| <u>Convention Location:</u> Indiana Convention Center 100 S Capitol Ave Indianapolis, IN 46225 (317) 262-3400 | <u>Hotel Information:</u> Embassy Suites Indianapolis Downtown 110 West Washington Street Indianapolis, IN 46204 | <u>Indy Scream Park</u> 5211 S. New Columbus Rd. Anderson, IN 46013 |
| <u>Fair Oaks Farms</u> 856 N 600 E. Fair.Oaks, IN 47943 | <u>SkyZone Jump Park</u> 8356 Masters Rd. Indianapolis, IN 46250 | |

In Case of Emergency:

Contact Mr. White – (859) 496-2117

Please contact Mr. White with emergencies.

Other Chaperone Contacts:

Conner HS Advisor / Joanne Gripshover / 859-391-6105 / Hebron KY/ School #: 859-334-4400

Ryle HS Advisor / Kearsten Connelly / 859-609-7661 / Union KY/ School #: 859-384-5312

Walton Verona HS Advisor / Cheyenne Shearer

Bring Money for:

- ~\$80 for meals (**Wednesday:** Lunch & Dinner **Thursday:** Lunch & Dinner **Friday:** Lunch)
 - Most places take card, however if we order pizza on Wednesday, having some cash will be helpful to combine our orders!
 - Thursday evening we will eat at a nicer restaurant so plan for a more expensive meal that evening. Keep in mind that food at the convention center is more expensive, but there is a mall food court that is attached to the center with lower priced foods.
 - Our hotel does not have continental breakfast, but we will bring simple breakfast items with us (think poptarts, granola bars, etc.)
- Feel free to bring snacks or \$\$ to purchase snacks
- \$\$ for FFA merchandise (There are a lot of items to choose from in the FFA Mall at Convention that are at discount prices!) Lots of camo, boots, shoes, waxed roses, clothing, etc. You could spend \$10 or you could spend \$200. Totally up to you!

Items to Bring

Bring all items that you would expect to need on an overnight trip in a hotel. Additionally, here are a few other items that are REQUIRED. Do not forget them!

- Pack lightly – Space is limited in the charter bus. Consider what you will need the first day. Once it's packed beneath the bus, it's there until we arrive at the hotel on Wednesday afternoon.
- Official Dress (all official convention activities; three days worth)
 - Black slacks or ***knee-length*** skirt with black hose; bring extra hose!
 - Black dress shoes (make sure they're comfortable, we'll be doing a lot of walking!)

- Though this will be the most relaxed part of dress code, just make sure they're black shoes and we'll be good!
- Black socks/hose
- White dress shirt or blouse
 - 2 of these would be appropriate if you have them 😊
- Official FFA Jacket & Official Tie/Scarf
- Toiletries
- Casual clothes for relaxing in the evenings, concert, scream park, dinner, etc.

Millar, Shirley

From: Ryles, Kim
Sent: Monday, August 19, 2024 1:36 PM
To: Millar, Shirley
Subject: FW: Queen City Transportation Quote #60444

See below...

Kim Ryles
Process and Performance Analyst
Boone County Schools
8330 U.S. 42
Florence, KY 41042
Phone: 859-282-3246
Fax: 859-282-2162
kim.ryles@boone.kyschools.us

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-----Original Message-----

From: Grant, Donny <donny.grant@boone.kyschools.us>
Sent: Monday, August 19, 2024 1:35 PM
To: Ryles, Kim <kim.ryles@boone.kyschools.us>
Subject: RE: Queen City Transportation Quote #60444

Kim,

I don't have a problem with this, as long as it is in writing to present to the board.

-----Original Message-----

From: Ryles, Kim <kim.ryles@boone.kyschools.us>
Sent: Monday, August 19, 2024 1:31 PM
To: Grant, Donny <donny.grant@boone.kyschools.us>
Cc: Millar, Shirley <shirley.millar@boone.kyschools.us>
Subject: FW: Queen City Transportation Quote #60444

Donny,

What are your thoughts on this one?

Kim Ryles
Process and Performance Analyst
Boone County Schools

8330 U.S. 42
Florence, KY 41042
Phone: 859-282-3246
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-----Original Message-----

From: Millar, Shirley <shirley.millar@boone.kyschools.us>
Sent: Monday, August 19, 2024 12:23 PM
To: Ryles, Kim <kim.ryles@boone.kyschools.us>
Subject: FW: Queen City Transportation Quote #60444

Kim,

This is the response from Queen City Transportation. What do you suggest?

Shirley S. Millar
Conner High School
859-334-4400 Ext 45412

-----Original Message-----

From: Gripshover, JoAnn L <joann.gripshover@boone.kyschools.us>
Sent: Monday, August 19, 2024 12:19 PM
To: Millar, Shirley <shirley.millar@boone.kyschools.us>
Subject: FW: Queen City Transportation Quote #60444

See below:

-----Original Message-----

From: Elaine Sheaks <esheaks@queencitytransportation.com>
Sent: Monday, August 19, 2024 12:17 PM
To: Gripshover, JoAnn L <joann.gripshover@boone.kyschools.us>
Subject: RE: Queen City Transportation Quote #60444

EXTERNAL MESSAGE

Hello,

All our quotes are seven days and there is not a way to change that for just one quote. I understand it takes longer than seven days.

Thank you!

-----Original Message-----

From: Gripshover, JoAnn L <joann.gripshover@boone.kyschools.us>

Sent: Monday, August 19, 2024 12:11 PM
To: Elaine Sheaks <esheaks@queencitytransportation.com>
Subject: RE: Queen City Transportation Quote #60444

Good Morning Elaine. Can you do the following for me please? This was requested from me:

I need a new contract for Queen City , it has a 7 day quote. Ask them to make it for 30 days, since there is no way to get it submitted and approved on time.

-----Original Message-----

From: Elaine Sheaks <esheaks@queencitytransportation.com>
Sent: Wednesday, July 24, 2024 10:18 AM
To: Gripshover, JoAnn L <joann.gripshover@boone.kyschools.us>
Subject: Queen City Transportation Quote #60444

EXTERNAL MESSAGE

Thank you!

Elaine Sheaks
General Manager
Queen City Transportation