

Request to Place an Item on the AgendaName: TCHS - FFA - Berry/QuarlesAddress: 200 South main

Telephone number: \_\_\_\_\_

Name of school children attend, if applicable: \_\_\_\_\_

Group represented: FFACheck if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: Travel to the KY State Vet Science Contest November 14-15, 2024

Specific Action Requested: \_\_\_\_\_

Check if you are: ☐ Board Member ☐ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

Van

\* Mashawn has put in a separate request for Nov. 14 with a large group, I'm taking a separate group to stay & compete STUDENTS in Murray on Friday

09.36 AP.21

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

**SCHOOL TCCHS.**

**FACULTY MEMBER(S) SPONSORING TRIP SHAYLA BERRY**

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding  
**DESTINATION :**

Kentucky State Veterinary Science Contest

**DATE(S) OF TRIP: NOVEMBER 14-15, 2024**

**DEPARTURE TIME 4:00 P.M. (NOVEMBER 14)**

**RETURN TIME: 4:30 PM (NOVEMBER 15)**

**SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING**

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

**NUMBER OF: STUDENTS 4 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 5**

**EAP: Person contacted at venue to discuss EAP: Christy Watkins**

Person making contact: Shayla Berry

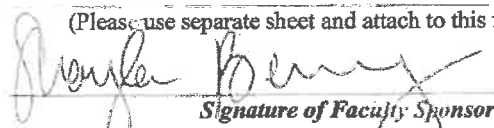
Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: Central Office

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: Murray PD

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

Shayla Berry (formerly CPR trained)

(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 

8/21/24  
Date

Date 8-26-24

**District Use Only**

**Section 2**

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

Date \_\_\_\_\_

**DRIVER: TURN THIS FORM IN WITH TIMESHEETS**

**Section 3**

Date/Time Departure: \_\_\_\_\_

Odometer Start: \_\_\_\_\_

Date/Time Return: \_\_\_\_\_

Odometer End: \_\_\_\_\_

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

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

Date \_\_\_\_\_

Driver Comments: \_\_\_\_\_

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

Date \_\_\_\_\_

# School-Related Student Trip Request Form

**Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)**

Date of Request 8/27/24 Date of Event Oct. 17-18th - (Overnight)

Organization Beta School TCCHS/TCMS

Number of Passengers approximately 50

Type of Trip (Check One)

☐ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain In Detail)

☒ Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-Of-State Athletic

Destination (Event, City, and State): Paroquet Springs Conference Center - Shepherdsville, KY

Planned Stops To and From: meals/restrooms if needed

Departing Location: TCCHS/TCMS

Date of Departure: Oct. 17 Time of Departure: TBD

Returning Location: TCCHS /TCMS Date of Return: 10/18/24 Time of Return: TBD

Chaperone/s: Lisa Petrie-Evan Cantarelli

Chaperone's Phone # 270-498-0452

Special Requests (Check One)

☐ Van

☐ Handicap Access

☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes

☐ No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By: Click here to enter text.

Organization Responsible for Payment TCCHS Beta

Approval of Site Based Council Representative

Date Click here to enter a date. 8-28-24

## DISTRICT USE ONLY

### Section 2

Approval of District Representative

Date: Click here to enter a date.

## DRIVER – TURN THIS FORM IN WITH TIMESHEETS

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Date/Time of Departure: Click here to enter text.

Odometer Start: Click here to enter text.

Date/Time of Return: Click here to enter text.

Odometer End: Click here to enter text.

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

Driver Signature

Date Click here to enter a date.

Driver Comments: Click here to enter text.

Coach or School Representative Signature

Date Click here to enter a date.

# School-Related Student Trip Request Form

**Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)**

Date of Request 8/27/24 Date of Event Sept. 24, 2024

Organization Beta School TCCHS

Number of Passengers approximately 50

Type of Trip (Check One)

☐ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain In Detail)

☒ Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-Of-State Athletic

Destination (Event, City, and State): Hillvue Heights Baptist Church (3219 Nashville Road, Bowling Green, KY)

Planned Stops To and From: Mall on the way home to each lunch

Departing Location: TCCHS

Date of Departure: 9/24/24 Time of Departure: 7:45AM

Returning Location: TCCHS Date of Return: 9/24/24. Time of Return: 2:30PM

Chaperone/s: Lisa Petrie

Chaperone's Phone # 270-498-0452

Special Requests (Check One)

☐ Van

☐ Handicap Access

☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes

☐ No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By: Click here to enter text.

Organization Responsible for Payment TCCHS Beta

Approval of Site Based Council Representative

Date Click here to enter a date. 8-28-24

## DISTRICT USE ONLY

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Odometer End: Click here to enter text.

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Driver Signature

Date Click here to enter a date.

Driver Comments: Click here to enter text.

Coach or School Representative Signature

Date Click here to enter a date.

\* Van

STUDENTS

09.36 AP.21

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

**SCHOOL TCCHS**

**FACULTY MEMBER(S) SPONSORING TRIP SHAYLA BERRY**

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding

**DESTINATION :**

Regional FFA Ag Sales & Employability Skills Contest

**DATE(S) OF TRIP: NOVEMBER 22, 2024**

**DEPARTURE TIME 8:00 A.M.**

**RETURN TIME: 4:30 PM**

**SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING**

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

**NUMBER OF: STUDENTS 5 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 6**

**EAP:** Person contacted at venue to discuss EAP: Christy Watkins

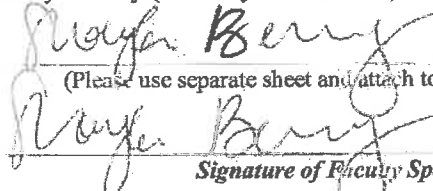
Person making contact: Shayla Berry

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

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: Murray PD

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

Shayla Berry (formerly CPR trained)



(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

8/21/24

Date

Date 8.26.24

**District Use Only**

**Section 2**

Approval of District Representative

Date

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**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

Van

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP SHAYLA BERRY

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding

DESTINATION :

Regional FFA Land Judging – Princeton, KY

DATE(S) OF TRIP: **OCTOBER 17, 2024**

DEPARTURE TIME **10:00 A.M.**

RETURN TIME: **4:30 PM**

SOURCE OF FUNDING FOR TRIP : **PERKINS FUNDING**

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

NUMBER OF: STUDENTS 4 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 5

**EAP:** Person contacted at venue to discuss EAP: Magen Woods

Person making contact: Shayla Berry

Is there an Automated External Defibrillator (AED) on site: ☐ Yes ☒ No

If yes, where:

Does the venue have an Emergency Response Team: ☐ Yes ☒ No

If yes, how are they contacted: 911

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

Shayla Berry (formerly CPR trained)

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

Shayla Berry  
Signature of Faculty Sponsor

8/21/24  
Date

Approval of Site Based Council Representative [Signature]

Date 8.26.24

**District Use Only**

**Section 2**

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

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Odometer End: \_\_\_\_\_

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

Date \_\_\_\_\_

Driver Comments: \_\_\_\_\_

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

Date \_\_\_\_\_

Van or self-transport

09.36 AP.21

STUDENTS

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Rick Martin

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: TCCHS Cross Country  
DESTINATION Muhlenberg Co. HS ADDRESS 101 Robert Rogers Way, Potosi, Mo

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP 9/14/24 DEPARTURE TIME 7:00A RETURN TIME 7:00A

SOURCE OF FUNDING FOR TRIP TCCHS Athletics

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

NUMBER OF: STUDENTS 6 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 8

EAP: Person contacted at venue to discuss EAP: Brian Ray Person making contact: Mike Smith

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

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

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

Coach

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

Walter Signature of Faculty Sponsor Date 8/15/24  
Approval of Site Based Council Representative [Signature] Date 8-5-24

**District Use Only**

**Section 2**

Approval of District Representative [Signature] Date 8-5-24

**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 \_\_\_\_\_

Van or self-transport

09.36 AP.21

STUDENTS

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

SCHOOL Deer FACULTY MEMBER(S) SPONSORING TRIP Rick Morton

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Tatt's Creek County  
DESTINATION Marshall Co. H.S. ADDRESS 416 High School Rd, Denton

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

DATE(S) OF TRIP 9/28/24 DEPARTURE TIME 7:00 RETURN TIME 1:30

SOURCE OF FUNDING FOR TRIP Tatt's Creek County

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

NUMBER OF: STUDENTS 6 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 8

EAP: Person contacted at venue to discuss EAP: Mike Johnson Person making contact: Mike Johnson

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

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: On site

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

Deer

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

Walt Kipp

Signature of Faculty Sponsor

Approval of Site Based Council Representative

Date

Date 8-5-24

**District Use Only**

**Section 2**

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

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Date/Time Return: \_\_\_\_\_ Odometer End: \_\_\_\_\_

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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 TCCHS FACULTY MEMBER(S) SPONSORING TRIP Holly Lawson

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: SPED - H. Lawson  
DESTINATION Dream Riders + Park ADDRESS Cable Vision Rd  
☐ Overnight; give name, address, phone of lodging Fusellville, KY 42276

DATE(S) OF TRIP Sept. 20, 2024 DEPARTURE TIME 9:30 RETURN TIME 1:30  
SOURCE OF FUNDING FOR TRIP No Cost

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

NUMBER OF: STUDENTS \_\_\_\_\_ FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 24  
EAP: Person contacted at venue to discuss EAP: Sue Sharp Person making contact: Holly Lawson

Is there an Automated External Defibrillator (AED) on site: ☐ Yes ☒ No If yes, where: \_\_\_\_\_

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):

Holly Lawson  
Jessica Johnson  
Danette Campbell - CPR certified  
Rachelle Willis  
Phillip Clemmons

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).  
Holly Lawson Signature of Faculty Sponsor Date 8/22/24

Approval of Site Based Council Representative [Signature] Date 8.26.24

**District Use Only**

Section 2  
Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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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 \_\_\_\_\_

Request to Place an Item on the AgendaName: Natassya ClarkAddress: 806 S. Main St. ELKHART, KYTelephone number: 270 245 2506 ex. 5113

Name of school children attend, if applicable: \_\_\_\_\_

Group represented: ICHS YearbookCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Mrs. Lee CharlesDescription of Issue: Out of State Systems Fall WorkshopSpecific Action Requested: Approve Out of State tripCheck if you are: ☐ Board Member ☒ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

STUDENTS

09.36 AP.21

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

SCHOOL TCHS

FACULTY MEMBER(S) SPONSORING TRIP

Natassja Clark

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: TCHS Yearbook

DESTINATION Freedom Point Park ADDRESS 250 Marina Way Clarksville TN

☐ Overnight; give name, address, phone or lodging

DATE(S) OF TRIP Sept 16

DEPARTURE TIME 8:00 am

RETURN TIME 2:50 pm

SOURCE OF FUNDING FOR TRIP TCHS Yearbook

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

NUMBER OF: STUDENTS 3

FACULTY SPONSORS 2

TOTAL # OF PARTICIPANTS 5

EAP: Person contacted at venue to discuss EAP: Clarksville Parks and Recs Person making contact: Natassja Clark

Is there an Automated External Defibrillator (AED) on site: ☐ Yes ☒ No If yes, where: \_\_\_\_\_

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):

Natassja Clark  
Maria Gillespie

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

[Signature]  
Signature of Faculty Sponsor

8-26-24  
Date

Approval of Site Based Council Representative [Signature]

Date 8-26-24

**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 \_\_\_\_\_

Request to Place an Item on the Agenda

Name:

Voth/Ramirez

Address:

Telephone number:

Name of school children attend, if applicable:

Group represented: Migrant

Check if request was submitted to:

☐ Superintendent☐ Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue:

Travel to APSU & TCAT  
9/30/2024

Specific Action Requested:

Check if you are:

☐ Board Member☐ District Employee☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

STUDENTS

09.36 AP.21

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

**SCHOOL :** Todd County Migrant Program **FACULTY MEMBER(S) SPONSORING TRIP** LAURA VOTH

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: MEP

**DESTINATION:** APSU & TCAT **ADDRESS:** CLARKSVILLE, TN

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

**DATE(S) OF TRIP:** 09/30/24 **DEPARTURE TIME:** 8:00AM **RETURN TIME:** 2:30PM

**SOURCE OF FUNDING FOR TRIP** MEP GRANT

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

**NUMBER OF: STUDENTS:** 40 **FACULTY SPONSORS:** L. VOTH, P. RAMIREZ **TOTAL # OF PARTICIPANTS:** 42

**EAP:** Person contacted at venue to discuss EAP: Honora Beerman/Deanna Griffin Person making contact: L. Voth

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

Each building

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: Radio/Cell

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

L Voth (CPR Trained)

270-604-5091

P Ramirez (CPR Trained)

863-624-1235

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

Signature of Faculty Sponsor

Date

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

Date \_\_\_\_\_

**Section 2**

**District Use Only**

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

Date 8/26/24

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

Date \_\_\_\_\_

Driver Comments:

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

Date \_\_\_\_\_



Request to Place an Item on the AgendaName: TCHS - FFA - Berni QuarlesAddress: 806 South Main

Telephone number: \_\_\_\_\_

Name of school children attend, if applicable: \_\_\_\_\_

Group represented: FFACheck if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: travel to the National  
FFA Convention in Indianapolis  
October 23-26, 2024 IN.Specific Action Requested: TravelCheck if you are: ☐ Board Member ☐ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 0145. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

Bus

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS.

FACULTY MEMBER(S) SPONSORING TRIP SHAYLA BERRY

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding

DESTINATION :

National FFA Convention – Indianapolis, IN

DATE(S) OF TRIP: **OCTOBER 23-26, 2024**

DEPARTURE TIME **6:00 A.M.**

RETURN TIME: **3:00 PM**

SOURCE OF FUNDING FOR TRIP : **PERKINS FUNDING**

*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: Matt Chaliff

Person making contact: Shayla Berry

Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: Multiple, located and labeled on walls

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: 317-927-7520

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

Shayla Berry (formerly CPR trained)

Quashawn Quarles

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

Shayla Berry  
Signature of Faculty Sponsor

8/21/24  
Date

Approval of Site Based Council Representative [Signature]

Date 8-26-24

**District Use Only**

**Section 2**

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

Date \_\_\_\_\_

Driver Comments: \_\_\_\_\_

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

Date \_\_\_\_\_