

STUDENTS

09.36 AP.21

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

SCHOOL TOMS FACULTY MEMBER(S) SPONSORING TRIP TURANGE

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: FOOTBALL

DESTINATION RUSSELLVILLE AREA STADIUM ADDRESS 209 E 9TH ST RUSSELLVILLE, KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP ~~10/15/24~~ 9/30/24 DEPARTURE TIME 4:30 PM RETURN TIME 9:00 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 3 TOTAL # OF PARTICIPANTS 38

EAP: Person contacted at venue to discuss EAP: RYAN DAVENPORT Person making contact: McGIBRA

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: 911

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

MICHAEL TURANGE

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

[Signature]
Signature of Faculty Sponsor

9/16/24
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 _____

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 RUSSELLVILLE ADDRESS 1101 W. 9TH ST RUSSELLVILLE, KY
 Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 9/17/24 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 27

EAP: Person contacted at venue to discuss EAP: COACH PENROD Person making contact: McGAGG

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: 911

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

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

[Signature]
Signature of Faculty Sponsor

9/16/24
Date

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