

School-Related Student Day Trip and Overnight Trip Request Forms

THIS FORM MUST BE SUBMITTED TO THE PRINCIPAL TWO (2) WEEKS PRIOR TO THE TRIP IF BOARD APPROVAL IS REQUIRED, THE BOARD MUST RECEIVE THE FORM AT LEAST TWO(2) WEEKS IN ADVANCE OF TRIP.

INFORMATION

1. Sponsor's Name WCHS FOOTBALL Club or Dep. FOOTBALL TEAM
2. Name of all chaperones Edgar Milun, Asst Coach P. Hill, S. Hobynd
3. Where will the group be going? Camp Lovcon, LEITCHFIELD, Ky
4. Purpose of the trip. TEAM Building Camp
5. When is it to be held? Date 8-2 thru 4th, 2016 Departure Time 7:00 AM
Estimated Travel Time 1.5 hrs.
6. City LEITCHFIELD State Ky Estimated Distance (Round Trip) _____
7. Place of overnight lodging (name, address & phone #) Camp Lovcon
8044 Angora Rd. LEITCHFIELD, Ky 42754 - 270-242-7160
8. Identify students by name (Use attached sheet if necessary) _____
9. Cost to students -0- Cost to school organization 7,850.00 Cost to Board -0-
10. Describe the relevance of the trip: educational, cultural, etc./educational activities
DUE TO DISTRICT CONSTRUCTION AND CAMP WORK IS CLOSED, CAMP LOVCON OFFERS
TEAM BUILDING AND LODGING FOR ENTIRE TEAM
11. Other activities planned TEAM BUILDING EXERCISES / PRACTICE
12. How will this trip benefit your students? TEAM unity
13. Type of transportation used School BUS
14. Have trip permission slips been signed and are they in the possession of trip sponsor or leader?
_____ Yes _____ No If NO, indicate why: _____

Edgar D. Milun
Sponsor's Signature

6-2-25
Date

Janet D. Milun
Principals Signature

6/2/25
Date

Trip has been _____ approved _____ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee

Date

Board Approval Date