

Girls Soccer Camp \*Bus drop off  
7/13/25 through 7/16/25

STUDENTS

09.36 AP.21

**SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP)**

SUBMIT THIS FORM	<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY	PRIOR TO THE TRIP.
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SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP C. Dobbs

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_  
☐ Organization/Club Trip, specify \_\_\_\_\_ ☐ Other (athletic, band, if applicable) \_\_\_\_\_

DESTINATION Lindsey Wilson College ADDRESS 210 Lindsey Wilson St PHONE \_\_\_\_\_

- ☐ Out of State ☐ Out of County ☐ Within County Columbia, KY 42728  
☒ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 7/13/25 - 7/16/25 DEPARTURE TIME 11:30 AM RETURN TIME 3:00 PM

PURPOSE/EDUCATIONAL VALUE Girls Soccer Camp

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

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY \_\_\_\_\_

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 16

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES, SEE PROCEDURE 09.36 AP.212.  
☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_  
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☐ Yes ☐ No

Person contacted at venue to discuss EAP: Ath. Director Person making contact: C. Dobbs

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

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

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

Clay Dobbs

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

[Signature] for C. Dobbs  
Signature of Faculty Sponsor

7-6-25  
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

[Signature]  
Signature of Superintendent/Designee

7/11/25  
Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Review/Revised:9/18/2023

Sent to  
T. Ross