

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

SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY

PRIOR TO THE TRIP.

SCHOOL ACS HSFACULTY MEMBER(S) SPONSORING TRIP Coach Stamper

## TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify☐ Organization/Club Trip, specify☒ Other (athletic, band, if applicable) Boys GolfDESTINATION Drake Creek ADDRESS Ledbetter Ky PHONE☐ Out of State ☐ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodging Parducan, KyDATE(S) OF TRIP 8-29 thru 8-30 DEPARTURE TIME 8/29 3:00 pm RETURN TIME 8/30 7:00 pmPURPOSE/EDUCATIONAL VALUE Golf TournamentSOURCE OF FUNDING FOR TRIP Boys Golf

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, SPECIFYNUMBER OF: STUDENTS 5 FACULTY SPONSORS 1 OTHER CHAPERONESTOTAL # OF PARTICIPANTS 6

## 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: Person making contact:

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):

T. Scott Stamper CPR cert. ✓

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

Signature of Faculty Sponsor

Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Signature of Superintendent/Designee

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



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SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY \_\_\_\_\_

PRIOR TO THE TRIP.

SCHOOL ACSITS FACULTY MEMBER(S) SPONSORING TRIP STAMPER

## TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_☐ Organization/Club Trip, specify \_\_\_\_\_☒ Other (athletic, band, if applicable) Boys GOLFDESTINATION DRAKE CREEK ADDRESS Ledbetter Ky PHONE \_\_\_\_\_☐ Out of State ☒ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodging Paducah, KYDATE(S) OF TRIP 8-15 thru 8-16 DEPARTURE TIME 3:00 pm (8/15) RETURN TIME 7:00 pm (8/16)PURPOSE/EDUCATIONAL VALUE GOLF TOURNAMENTSOURCE OF FUNDING FOR TRIP Boys GOLF

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 5 FACULTY SPONSORS \_\_\_\_\_ OTHER CHAPERONES 1TOTAL # OF PARTICIPANTS 6

## 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: \_\_\_\_\_ Person making contact: \_\_\_\_\_

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):

T. Scott Stamper Cpr cert. ✓

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

Signature of Faculty Sponsor

Date

8-6-2025Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

Signature of Superintendent/Designee

Date

8/8/25

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



STUDENTS

09.36 AP.21

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

SUBMIT THIS FORM ☐ ONE WEEK ☐ TWO WEEKS ☒ OTHER, SPECIFY PRIOR TO THE TRIP.

SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP NIKKI TOWLE + Paul Spears

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Indianapolis, Ind. ADDRESS 31 West Ohio Street PHONE 1-317-635-2000

☐ Out of State ☐ Out of County ☐ Within County Hotel

☒ Overnight; give name, address, phone of lodging Sherraton Indianapolis City Centre  
31 West Ohio Street, Indianapolis, IN 46204

DATE(S) OF TRIP 10/29 - 10/31 DEPARTURE TIME 8AM 10/29 RETURN TIME 10/31 @ 5pm

PURPOSE/EDUCATIONAL VALUE Attending the National FFA

Convention in Indianapolis, Indiana for leadership development

SOURCE OF FUNDING FOR TRIP FFA Chapter

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 FFA

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 OTHER CHAPERONES 1

TOTAL # OF PARTICIPANTS 18

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: \_\_\_\_\_ Person making contact: \_\_\_\_\_

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):

Paul Spears  
NIKKI TOWLE

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

Nikki Towe  
 Signature of Faculty Sponsor 8/6/25  
 Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_  
[Signature]  
 Signature of Superintendent/Designee 8/7/25  
 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

### Allen County-Scottsville FFA National FFA Convention Itinerary

Indianapolis, Indiana | October 29–31, 2025

Hotel: Sheraton Indianapolis City Centre Hotel

Transportation: Allen County-Scottsville Activity Bus

Bus Parking: Lucas Oil Stadium

Staff: Nikki Towe & Paul Spears

#### Wednesday, October 29, 2025 – Departure & Convention Activities

- **8:00 AM (Central Time)** – Depart from Allen County-Scottsville High School
- **Midday** – Stop for lunch and restroom break (location TBD)
- **Afternoon** – Stop for dinner in the Louisville, KY area (location TBD)
- **Evening** – Arrive in Indianapolis and check in at Sheraton Indianapolis City Centre
- **Evening** – Walk to Indiana Convention Center for Career and Expo Show
- **9:00 PM** – Return to hotel

#### Thursday, October 30, 2025 – Convention Activities

- **Morning** – Walk to Indiana Convention Center for general sessions and workshops (schedule TBD)
- **Lunch** – On-site at the convention center
- **Afternoon** – Continue participation in the Career and Expo Show and additional sessions
- **Evening** – Bus transportation to dinner (location TBD)
- **Evening** – Bus transportation to National FFA Rodeo at Indiana State Fairgrounds (*if tickets are secured*)
- **Late Evening** – Return to hotel

#### Friday, October 31, 2025 – Return to School

- **Morning** – Breakfast and hotel checkout
- **Optional Final Activities** – Possible final visit to Career Show or additional morning session (TBD)
- **10:00 AM (Eastern Time)** – Depart Indianapolis for Allen County-Scottsville High School
- **Rest Stops** – Scheduled restroom breaks during travel
- **5:00 PM (Central Time)** – Estimated arrival at Allen County-Scottsville High School

### Important Note: Tentative Schedule

This itinerary is **tentative** and subject to change based on event ticket availability and official convention scheduling.

- **Concert and rodeo ticket information has not been released** as of this time.
- Allen County-Scottsville FFA will not receive confirmation of ticket availability until after **September 18, 2025**.
- If tickets are not secured for the concert or rodeo, alternate evening activities will be planned, and the itinerary will be adjusted accordingly.