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

SUBMIT THIS FORM    ONE WEEK    TWO WEEKS    OTHER, SPECIFY    PRIOR TO THE TRIP.
SUBMITTHIS FORM HORE WEEK HIWO WEEK HOW WEEK
SCHOOL ACS HS FACULTY MEMBER(S) SPONSORING TRIP Coach Stamfer
TYPE OF TRIP (CHECK ONE):
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify ☐ Organization/Club Trip, specify ☐ Other (athletic, band, if applicable) ☐ Gold
Destination   Club Trip, specify   Destination   Drake cleek   Address   Legister   Legi
Out of State Out of County Within County
Overnight; give name, address, phone of lodging Paducuh, Ky
THE CONTROL OF 2011 MILE PROPERTY WAS PARTY BY THE 8/20 7'00 PM
DATE(S) OF TRIP 8-29 Hru 8-30 DEPARTURE TIME 8/29 3:00 RETURN TIME 8/30 7:00 PM
PURPOSE/EDUCATIONAL VALUE Golf Townent
SOURCE OF FUNDING FOR TRIP 13045 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 (FACULTY SPONSORS ) OTHER CHAPERONES
NUMBER OF: STUDENTS STACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS C
MODE OF TRANSPORTATION
IS DISTRICT TRANSPORTATION NEEDED? DNO DYES, 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: The No If yes, where:
Does the venue have an Emergency Response Team: Wes Does the venue have an Emergency Response Team: Wes Does the venue have an Emergency Response Team:
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
To Scott Stamper CPR cert.
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
8-6-2025
Signature of Faculty Sponsor Date
Trip has been approved  disapproved. Reason for disapproval
Transaction and the state of th
Show land
Signature of Superintendent Designee Date
Dute

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

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Out of State	out of County	☐ Within Cou	inty	<u></u> -
			1	
DATE(S) OF TRIP 8-15 PURPOSE/EDUCATIONAL V	thu 8-16DEP ALUE GOLF	TOURNAMEN	3:88 pm RETURN T	IME 7:00 pm (8/16)
SOURCE OF FUNDING FOR	TRIP 130	ys Golf		
registration, and all oth	her anticipate	d travel expens		limited to, lodging, meals,
BILL TRIP EXPENSES TO	: D SPONSORII	NG ORGANIZATIO	ON SCHOOL COUNC	CIL D BOARD D OTHER, SPECIFY
NUMBER OF: STUDENTS TOTAL # OF PART		SPONSORS	OTHER CHAPERONI	ES
□ CERTIFICATED	SPORTATION N COMMON CARE	RIER; SPECIFY	TYES, SEE PROCEDU	JRE 09.36 AP.212.
SUPERVISION (ATTACH L	IST OF NAMES	OF ADULTS ACCO	OMPANYING STUDENTS	ON TRIP.)
Have all chaperones principal/designee to s		-/		nd been designated by the
Person contacted at venue	to discuss EAP:		Person making	g contact:
Is there an Automated Ext	ernal Defibrillat	or (AED) on site:	Yes No If yes, v	vhere:
Does the venue have	an Emergency	Response Tea	m: Yes No I	f yes, how are they contacted:
School Employee(s) Atten	ding Trip (Pleas	se note beside nan	ne if employee is CPR t	rained):
(Please use separate sh	eet and attach to t	his form if more sp	ace is needed to list school	l employees attending).
1.8	Sf.			8-6-2025
	e of Faculty Spor	The second secon		Date
Trip has been approved	☐ disapproved.	Reason for disappro	oval	
Shows	1			8/8/25
Signature of Supe	rintendent/Design	iee	-	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

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STUDENTS

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TYPE OF TRIP (CHECK ONE	i):	, · · · .	manifu			
☐ Classroom Field Tr	ip Class Trip	o (i.e., junior, se	Other (ath	lletic, band, if applicable)		
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DESTINATION WOLLD	COLLA AL	DRESS OF West	unty Hotel			
Overnight: give na	me address n	one of lodging	Sheraton India	napolis City Centre		
	The state of the s	LVV LV NE HA LA 11	I I I I I I I I I I I I I I I I I I I			
DATE(S) OF TRIP 10/29	- 10/31 DEF	PARTURE TIME	AM 10/29 RETURN TI	IME 10/31 @ 5pm		
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Convention in In	dianopolis	, Indiano	1 for leaders	nip development		
SOURCE OF FUNDING FOR	TRIP	er unapa	57			
Attach a description	of estimate	ed expenses	including, but not	limited to, lodging, meals,		
registration, and all of	and the same of th	_				
			TRIP BECAUSE OF AN INAI			
FFA	/4			CIL DOARD OTHER, SPECIFY		
NUMBER OF: STUDENTS _ TOTAL # OF PART	15 FACULTY FICIPANTS 18	Y SPONSORS 2	OTHER CHAPERONE	ES		
MODE OF TRANSPORTATI	ON		V			
IS DISTRICT TRA	NSPORTATION N COMMON CAR	REEDED? INC	YES, SEE PROCEDU	JRE 09.36 AP.212.		
			PECIFY DRIVER(S)			
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Does the venue have	an Emergency	Response Te	am: Yes 🗆 No I	f yes, how are they contacted:		
School Employee(s) Atter	iding Trip (Pleas	se note beside na	me if employee is CPR to	rained).		
Paul Spears			and it displayed is of Real	ramed).		
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(Please use senarate sh	eet and attach to t	his farm if	pace is needed to list school			
Milhhi!	See and attach to t	ms form if more sp	bace is needed to list school	employees attending).		
THE	aure			0/4/25		
	e of Faculty Spon			Date		
Trip has been approved	☐ disapproved.]	Reason for disappr	oval			
L'hans	show			ala la t		
Signature of Super	rintendent/Design	200		8/7/28		
For overnight and/or		166		1 Date		

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

#### 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,
- If tickets are not secured for the concert or rodeo, alternate evening activities will be planned, and the
  itinerary will be adjusted accordingly.