09.36 AP.21

Organization requesting the Trip / Organization responsible for Payment: DAYE AND BUSTERS ADDRESS: 2801 WILMA RUDOLPH BLVD. CLARKSVILLE TN Overnight; give name, address, phone of lodging: DATE(S) OF TRIP: 11/24 DEPARTURE TIME: 10:15 AM RETURN TIME: 2:45 PM SOURCE OF FUNDING FOR TRIP NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS: 70 FACULTY SPONSORS: TOTAL # OF PARTICIPANTS: 77 EAP: Person contacted at venue to discuss EAP: Person making contact: Is there an Automated External Defibrillator (AED) on site: Yes = X No If yes, where: Does the venue have an Emergency Response Team: Yes X No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Josey Jones Brett Carry Chuck Sadder Kaitlyn Morris Lisa Sharp Tracy Hancock Keribeth Farlow Option 1 Tracy Hancock Weleasham countric sheet and areach to this form if more space is needed to list school employees arreading. Option 2 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: Odometer End: I hereby certify that the above information is correct to the best of my knowledge. Driver Signature Driver Comments:	School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)	
TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: DESTINATION: DAVE AND BUSTERS ADDRESS: Z801 WILMA RUDOLPH BLVD. CLARKSVILLE TN Overnight; give name, address, phone of lodging: DATE(S) OF TRIP: 11/24 DEPARTURE TIME: 10:15 AM RETURN TIME: 2:45 PM SOURCE OF FUNDING FOR TRIP NO STUDENTS: NO STUDENTS: NO STUDENTS: TO FACULTY SPONSORS: TOTAL # OF PARTICIPANTS: 77 PASON MICHIEVANTS: Is there an Automated External Defibrillator (AED) on site: Is there an Automated External Defibrillator (AED) on site: Stehole Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Joes Hore Kaitlyn Morris Lisa Sharp Tracy Hancock Keribeth Farlow District Use Only Section 2 Approval of District Representative Date DISTRICT USE Only Date DATE	SCHOOL: North Todd Elementary School FACULTY N	MEMBER(S) SPONSORING TRIP LAURA BOLEY
Doternight; give name, address, phone of lodging: Date	TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization respon DESTINATION: DAVE AND BUSTERS	sible for Payment:
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Chuck Sadler Kaitlyn Morris		
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Approval of Site Based Council Representative	Chuck Sadler Kaitlyn Morris	
Approval of Site Based Council Representative		
Approval of Site Based Council Representative	(Pleas and anoth to this form if more space	is needed to list school employ be attending).
District Use Only Section 2 Approval of District Representative		
Approval of District Representative	Approval of Site Based Council Representative	Date
Approval of District Representative	District He	e Only
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:	Section 2	
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:	Approval of District Representative	Date
DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 Date/Time Departure: Odometer Start: Odometer End: I hereby certify that the above information is correct to the best of my knowledge. Driver Signature Date Driver Comments:		
Date/Time Departure:Odometer Start:Odometer End:	DRIVER: TURN THIS FORM	I IN WITH TIMESHEETS
Date/Time Return: Odometer End: Odometer End: Date Driver Signature Date Driver Comments:	Section 3	
Date/Time Return: Odometer End: Odometer End: Date Driver Signature Date Driver Comments:	Date/Time Departure:	Odometer Start:
I hereby certify that the above information is correct to the best of my knowledge. Driver Signature Date Driver Comments:		
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Driver Comments:	I hereby certify that the above information is correct to the	ne best of my knowledge.
Driver Comments:	Driver Signature	Date
Court on Salvad Damassantative Signature	Driver Comments:	
Agen of School Representative Standing	Coach or School Representative Signature	Date