

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 11/4/2025 Date of Event: 11/22/2025

Organization: TCCHS Band

School: TCCHS

Number of Passengers: 9

Type of Trip (Check One)

☐ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain In Detail)

☒ Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-Of-State Athletic

Destination (Event, City, and State): Warren East HS Bowling Green, KY

Planned Stops To and From: NA

Departing Location: TCCHS

Date of Departure: 11/22/2025

Time of Departure: TBA

Returning Location: TCCHS

Date of Return: 11/22/2025

Time of Return: TBA

Chaperone/s: Mike DiPasquale

Chaperone's Phone: 2707992006

Special Requests (Check One)

☐ Van

☐ Wheelchair Accessible

☐ Monitor

☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By: Mike DiPasquale

Organization Responsible for Payment: SBDM

Approval of Site Based Council Representative

Date 11-6-25

Section 2

DISTRICT USE ONLY

Approval of District Representative

Date:

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____

Odometer Start: _____

Date/Time of Return: _____

Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 11/4/2025 Date of Event: 12/6/2025

Organization: TCCHS Band School: TCCHS

Number of Passengers: 35

Type of Trip (Check One)

☒ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain In Detail)

☐ Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-Of-State Athletic

Destination (Event, City, and State): Guthrie Christmas Parade

Planned Stops To and From: NA

Departing Location: TCCHS

Date of Departure: 12/6/2025

Time of Departure: AM TBA

Returning Location: TCCHS

Date of Return: 12/6/2025

Time of Return: 12:30 PM

Chaperone/s: Mike DiPasquale

Chaperone's Phone: 2707993006

Special Requests (Check One)

☐ Van

☐ Wheelchair Accessible

☐ Monitor

☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By: Mike DiPasquale

Organization Responsible for Payment: SBDM

Approval of Site Based Council Representative

Date 11-6-25

Section 2

DISTRICT USE ONLY

Approval of District Representative

Date:

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure:

Odometer Start:

Date/Time of Return:

Odometer End:

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature Date

Driver Comments:

Coach or School Representative Signature Date

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 11/4/2025 **Date of Event:** 1/8/2026

Organization: TCCHS Band

School: TCCHS

Number of Passengers: 6

Type of Trip (Check One)

☐ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain In Detail)

☒ Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-Of-State Athletic

Destination (Event, City, and State): All District Band, Bowling Green, KY

Planned Stops To and From: NA

Departing Location: TCCHS

Date of Departure: 1/8/2026

Time of Departure: TBA

Returning Location: TCCHS

Date of Return: 1/10/2026

Time of Return: TBA

Chaperone/s: Mike DiPasquale

Chaperone's Phone: 2707993006

Special Requests (Check One)

☒ Van

☐ Wheelchair Accessible

☐ Monitor

☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☒ Yes ☐ No (Check One)

Person Driving Van: Heather DiPasquale

Trip Requested By: Mike DiPasquale

Organization Responsible for Payment: SBDM

Approval of Site Based Council Representative

Date 11-6-25

Section 2

DISTRICT USE ONLY

Approval of District Representative

Date:

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure:

Odometer Start:

Date/Time of Return:

Odometer End:

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature

Date

Driver Comments:

Coach or School Representative Signature

Date

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Westerman

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS

DESTINATION Ky State University ADDRESS _____

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 10/29/25 DEPARTURE TIME 6:20 am RETURN TIME 4pm

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 5 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 6

EAP: Person contacted at venue to discuss EAP: ☒ Yes ☐ No If yes, where: Westerman

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):

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

Signature of Faculty Sponsor [Signature] Date _____
Approval of Site Based Council Representative [Signature] Date 11-6-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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: _____

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Westerman

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION WKDZ Radio ADDRESS 19 D.J. Everett Drive, Cadiz, KY

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Nov 18th DEPARTURE TIME 8:00 a.m. RETURN TIME 1:30

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS _____ FACULTY SPONSORS _____ TOTAL # OF PARTICIPANTS _____

EAP: 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):

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

Raenita Miller
Signature of Faculty Sponsor Date 11/3/25

Approval of Site Based Council Representative [Signature] Date 11-3-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP CW3 Fagan

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: JROTC

DESTINATION Western Ny Veterans Center ADDRESS 926 Veterans Dr, Hanson NY

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 10/11/25 DEPARTURE TIME 12:00 RETURN TIME 4:30

SOURCE OF FUNDING FOR TRIP JROTC

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

NUMBER OF: STUDENTS _____ FACULTY SPONSORS _____ TOTAL # OF PARTICIPANTS _____

EAP: Person contacted at venue to discuss EAP: TONDA CAVANA Person making contact: CW3 FAGAN

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):

CW3 Fagan

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

Signature of Faculty Sponsor _____ Date _____
Approval of Site Based Council Representative [Signature] Date 11-6-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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: _____

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCC HS & TCM S FACULTY MEMBER(S) SPONSORING TRIP CW3 Fagan

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION Central High School ADDRESS 5728 TN-58 Chattanooga, TN 37341

☒ Overnight; give name, address, phone of lodging Springhill Suites, 8876 Old Lee Hwy, Collegedale, TN 37363 423-301-5669

DATE(S) OF TRIP Jan 2026 DEPARTURE TIME 1:00 pm RETURN TIME 2 pm

SOURCE OF FUNDING FOR TRIP JROTC

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

NUMBER OF: STUDENTS 10 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 11

EAP: Person contacted at venue to discuss EAP: Gabriel Nitcher Person making contact: CW3 Fagan

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):

CW3 Fagan

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

[Signature]
Signature of Faculty Sponsor

Approval of Site Based Council Representative [Signature]

Date

Date 11-6-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)SCHOOL TCMS + TCMS FACULTY MEMBER(S) SPONSORING TRIP CW3 FAGAN

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: JROTCDESTINATION 123 AIRWING KYNG ADDRESS 1101 Grade Lane, Louisville
40213☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 13 NOV 2025 DEPARTURE TIME 0800 CDT RETURN TIME 6pmSOURCE OF FUNDING FOR TRIP JROTC*NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.*NUMBER OF: STUDENTS 45 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 47EAP: Person contacted at venue to discuss EAP: Ashley Groves Person making contact: CW3 FAGANIs 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):

CW3 Fagan

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

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 11-6-25**District Use Only****Section 2**

Approval of District Representative _____ Date _____

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: _____

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **WALTER MCCOMBS**

TYPE OF TRIP (CHECK ONE): **TCCHS ATHLETICS**

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **BOYS BASKETBALL**

DESTINATION CLARKSVILLE ACADEMY

ADDRESS 710 N. 2ND ST., CLARKSVILLE, TN

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/18/25 DEPARTURE TIME 5:15 ~~8:00~~ PM RETURN TIME 10:00 ~~8:00~~ PM

DEPARTURE LOCATION: TCCHS Gym COACH CONTACT # (270) 889-7827

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 29

EAP: Person contacted at venue to discuss EAP: Sean Wilson Person making contact: Mike Smith

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

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

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

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

Walter McCombs
Signature of Faculty Sponsor

10/24/25
Date

Approval of Site Based Council Representative [Signature]

Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **WALTER MCCOMBS**

TYPE OF TRIP (CHECK ONE): **TCCHS ATHLETICS**

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **BOYS BASKETBALL**

DESTINATION **OWENSBORO HIGH SCHOOL**

ADDRESS **1800 FREDERICA ST., OWENSBORO**

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP **11/22/25** DEPARTURE TIME **9:15 AM** RETURN TIME **2:30 PM**

DEPARTURE LOCATION: **TCCHS Gym** COACH CONTACT # **(270) 889-7827**

SOURCE OF FUNDING FOR TRIP **TCCHS ATHLETICS**

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

NUMBER OF: STUDENTS **25** FACULTY SPONSORS **4** TOTAL # OF PARTICIPANTS **29**

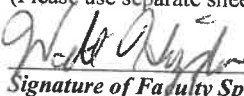
EAP: Person contacted at venue to discuss EAP: **Todd Harper** Person making contact: **Mike Smith**

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


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

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

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


Signature of Faculty Sponsor

10/24/25
Date

Approval of Site Based Council Representative 

Date **10.24.25**

District Use Only

Section 2

Approval of District Representative _____ Date _____

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: _____

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP W. H. / K. M. G. / K. M. G.

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Boys Basketball
DESTINATION Clarksville Northwest H.S. ADDRESS 600 Lafayette Rd. Clarksville, TN
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 12/2/25 DEPARTURE TIME 5:00 PM RETURN TIME 10:15 PM
SOURCE OF FUNDING FOR TRIP TCCHS Athletic

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Ashley McDonald Person making contact: M. Smith

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

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

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

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
W. H. / K. M. G. / K. M. G. Signature of Faculty Sponsor Date 10/24/25

Approval of Site Based Council Representative [Signature] Date 10-24-25

District Use Only

Section 2
Approval of District Representative _____ Date _____

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: _____

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Walter McCarty

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Boys Basketball
DESTINATION Allen Co - Scottsville MS ADDRESS 1545 Bowling Green Rd, Scottsville

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 12/11/25 DEPARTURE TIME 8:00pm RETURN TIME 10:30pm
SOURCE OF FUNDING FOR TRIP TCHS Athletic

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Proctor Head Person making contact: M. K. S. L.

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

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

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

C. C. Chapp

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

Walter McCarty
Signature of Faculty Sponsor

Approval of Site Based Council Representative

Date

10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Nath. McConbr

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS
DESTINATION Fort Campbell H.S. ADDRESS 912 Carleton Rd, Fort Campbell

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 12/2/25 DEPARTURE TIME 4:00pm RETURN TIME 10:00pm
SOURCE OF FUNDING FOR TRIP TCHS Athletic

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Bambi Cardwell Person making contact: M. Edwards

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

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

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

Cocher

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

Nath. McConbr
Signature of Faculty Sponsor

Approval of Site Based Council Representative

10/24/25
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: _____
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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP WALTER MCCOMBS

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: BOYS BASKETBALL

DESTINATION LOGAN COUNTY HIGH SCHOOL

ADDRESS 2200 BOWLING GREEN RD., RUSSELLVILLE

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 12/13/25 DEPARTURE TIME 8:30 A.M. RETURN TIME TBA

DEPARTURE LOCATION: TCCHS Gym COACH CONTACT #: (270) 889-7827

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Todd Adler Person making contact: Mike Smith

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

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

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

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

Walt McCombs
Signature of Faculty Sponsor

10/24/25
Date

Approval of Site Based Council Representative [Signature]

Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP WALTER MCCOMBS

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: BOYS BASKETBALL

DESTINATION HOPKINSVILLE HIGH SCHOOL

ADDRESS 430 KOFFMAN DR., HOPKINSVILLE

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 12/13/25 DEPARTURE TIME 6:00 P.M. RETURN TIME 9:00 P.M.

DEPARTURE LOCATION: TCCHS Gym COACH CONTACT # (270) 889-7827

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Jacob Ezell Person making contact: Mike Smith

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

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

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

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

Walter McCombs
Signature of Faculty Sponsor

10/24/25
Date

Approval of Site Based Council Representative [Signature]

Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCHS**

FACULTY MEMBER(S) SPONSORING TRIP **WALTER MCCOMBS**

TYPE OF TRIP (CHECK ONE): **TCHS ATHLETICS**

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **BOYS BASKETBALL**

DESTINATION **FOUNDATION CHRISTIAN ACADEMY**

ADDRESS **2480 THREE SPRINGS RD., BOWLING GREEN**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **12/16/25** DEPARTURE TIME **4:00 P.M.** RETURN TIME **10:30 P.M.**

DEPARTURE LOCATION: **TCHS Gym** COACH CONTACT # **(270) 889-7827**

SOURCE OF FUNDING FOR TRIP **TCHS ATHLETICS**

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

NUMBER OF: STUDENTS **20** FACULTY SPONSORS **4** TOTAL # OF PARTICIPANTS **24**

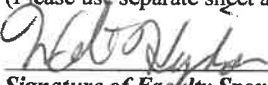
EAP: Person contacted at venue to discuss EAP: **Derrick Perdue** Person making contact: **Mike Smith**

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


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

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

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


Signature of Faculty Sponsor

10/24/25
Date

Approval of Site Based Council Representative 

Date **10-24-25**

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

back-and-forth

09.36 AP.21

STUDENTS

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

SCHOOL TCC#5 FACULTY MEMBER(S) SPONSORING TRIP Walter McGee

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCC#5 Basketball

DESTINATION South Wales H.S. ADDRESS 5740 Nashville Rd. Bowling Green

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 12/22-23/25 DEPARTURE TIME TBA RETURN TIME NA

SOURCE OF FUNDING FOR TRIP TCC#5 Athletics

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Jaron G. 'Sam Person making contact: M. K. Satt

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

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

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

Coach _____

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

Walter McGee Signature of Faculty Sponsor 10/24/25 Date

Approval of Site Based Council Representative [Signature] Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCC HS FACULTY MEMBER(S) SPONSORING TRIP Walter McCarty

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCC HS Bowling Green H.C.
DESTINATION Bowling Green H.C. ADDRESS 189 Rockingham Ave. Bowling Green

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 1/3/20 DEPARTURE TIME 7:24 RETURN TIME 1:34

SOURCE OF FUNDING FOR TRIP TCC HS Athletic

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Colin Hand Person making contact: Mike M. L.

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

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

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

C. C. C. H. C. _____

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

Walter McCarty Signature of Faculty Sponsor Date 10/24/25
Approval of Site Based Council Representative Jim O'Connell Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Nick Little, Nick H. McCoy

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS GYM Day Skate Party
DESTINATION Center for Arts ADDRESS 65 High School Rd. Bldg

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 1/5/26 DEPARTURE TIME TBA RETURN TIME TBA

SOURCE OF FUNDING FOR TRIP TCHS Athletics

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

NUMBER OF: STUDENTS 40 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 47

EAP: Person contacted at venue to discuss EAP: Darrell Thompson Person making contact: M. K. Smith

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

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

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

Coach

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

Nick Little
Signature of Faculty Sponsor

Approval of Site Based Council Representative

10/24/25
Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **WALTER MCCOMBS**

TYPE OF TRIP (CHECK ONE): **TCCHS ATHLETICS**

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **BOYS BASKETBALL**
6/16

DESTINATION **FRANKLIN-SIMPSON HIGH SCHOOL**

ADDRESS **400 S. COLLEGE ST., FRANKLIN**

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP **1/8/26** DEPARTURE TIME **4:00 P.M.** RETURN TIME **9:00 P.M.**

DEPARTURE LOCATION: **TCCHS Gym** COACH CONTACT # **(270) 889-7827**

SOURCE OF FUNDING FOR TRIP **TCCHS ATHLETICS**

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

NUMBER OF: STUDENTS **30** FACULTY SPONSORS **4** TOTAL # OF PARTICIPANTS **34**

EAP: Person contacted at venue to discuss EAP: **Matthew Wilhite** Person making contact: **Mike Smith**

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


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

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

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


Signature of Faculty Sponsor

10/24/25
Date

Approval of Site Based Council Representative 

Date **10-24-25**

District Use Only

Section 2

Approval of District Representative _____ Date _____

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: _____

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Walter McCombs

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Boys Basketball
DESTINATION Greenwood H.S. ADDRESS 5065 Scott Dr. W. Rd. Bowling Green

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/3/26 DEPARTURE TIME 5:00 PM RETURN TIME 10:30 PM

SOURCE OF FUNDING FOR TRIP TCHS Athletics

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Don Dillighean Person making contact: Mike Smith

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

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

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

Coach _____

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

Walter McCombs Signature of Faculty Sponsor Date 10/24/25
Approval of Site Based Council Representative [Signature] Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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: _____

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Walter McCarby

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Boys Basketball

DESTINATION Lagos Co. H.S. ADDRESS 2200 Bowling Green Rd. Russellville

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 1/16/26 DEPARTURE TIME 5:30 PM RETURN TIME 10:30 PM

SOURCE OF FUNDING FOR TRIP TCCHS Athletics

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Todd Adler Person making contact: M. Smith

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

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

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

Coach _____

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
Walter McCarby _____
Signature of Faculty Sponsor

Approval of Site Based Council Representative [Signature] Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP WALTER MCCOMBS

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: BOYS BASKETBALL
6th

DESTINATION RUSSELLVILLE HIGH SCHOOL

ADDRESS 1101 W. 9TH ST., RUSSELLVILLE

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 1/22/26 DEPARTURE TIME 4:45 P.M. RETURN TIME 8:30 P.M.

DEPARTURE LOCATION: TCCHS Gym COACH CONTACT # (270) 889-7827

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Ryan Davenport Person making contact: Mike Smith

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

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

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

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

Walter McCombs
Signature of Faculty Sponsor

10/24/25
Date

Approval of Site Based Council Representative [Signature]

Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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: _____

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Walter McCarthy

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Boys Basketball

DESTINATION Troy Co. H.S. ADDRESS 203 Main St. Cecil

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 1/24/26 DEPARTURE TIME 8:00pm RETURN TIME 11:00pm

SOURCE OF FUNDING FOR TRIP TCHS Athletic

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Pats Gloyd Person making contact: Mike Smith

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

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

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

Coach

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

Walter McCarthy
Signature of Faculty Sponsor

Approval of Site Based Council Representative [Signature] Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)SCHOOL TCC HS FACULTY MEMBER(S) SPONSORING TRIP Walter McCarty

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCC HS Boys BasketballDESTINATION Franklin-Singer H.S. ADDRESS 4005 College St. Franklin☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 1/30/26 DEPARTURE TIME 5:00 PM RETURN TIME 11:00 AMSOURCE OF FUNDING FOR TRIP TCC HS Athletic**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.**NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23EAP: Person contacted at venue to discuss EAP: Matthew White Person making contact: Mike SmithIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: On siteDoes the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: On site

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

Coach _____

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

Signature of Faculty Sponsor Walter McCarty Date 10/24/25Approval of Site Based Council Representative [Signature] Date 10-24-25**District Use Only****Section 2**

Approval of District Representative _____ Date _____

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: _____

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)SCHOOL JCHS FACULTY MEMBER(S) SPONSORING TRIP Walter McComb

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: JCHS Boys BasketballDESTINATION Wichita Central H.S. ADDRESS 559 Magenta Road Bowling Green☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 1/31/26 DEPARTURE TIME 5:00pm RETURN TIME 10:30pmSOURCE OF FUNDING FOR TRIP JCHS Athletics

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23EAP: Person contacted at venue to discuss EAP: Anthony [unclear] Trip Person making contact: M. KerstenIs there an Automated External Defibrillator (AED) on site: ☐ Yes ☐ No If yes, where: PorterDoes the venue have an Emergency Response Team: ☐ Yes ☐ No If yes, how are they contacted: Porter

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

Coaches

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

Walter McComb

Signature of Faculty Sponsor

Approval of Site Based Council Representative [Signature]

Date

Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)SCHOOL TCC HS FACULTY MEMBER(S) SPONSORING TRIP Walter McGee**TYPE OF TRIP (CHECK ONE):**Organization requesting the Trip / Organization responsible for Payment: TCC HS Boys BasketballDESTINATION Clarksville Northeast HS ADDRESS 2701 Trenton Rd. Clarksville TN☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 2/2/26 DEPARTURE TIME 5:30 PM RETURN TIME 10:00 PMSOURCE OF FUNDING FOR TRIP TCC HS Athletics**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.**NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23EAP: Person contacted at venue to discuss EAP: Pred Auden Person making contact: Mike GaultIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: On siteDoes the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: On site

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

Coaches

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

Walter McGee
Signature of Faculty Sponsor10/24/25
DateApproval of Site Based Council Representative [Signature]Date 10-24-25**District Use Only****Section 2**

Approval of District Representative _____ Date _____

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: _____

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP WALTER MCCOMBS

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: BOYS BASKETBALL

DESTINATION LOGAN COUNTY HIGH SCHOOL

ADDRESS 2200 BOWLING GREEN RD., RUSSELLVILLE

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2/5/26 DEPARTURE TIME 4:30 P.M. RETURN TIME 8:30 P.M.

DEPARTURE LOCATION: TCCHS Gym COACH CONTACT # (270) 889-7827

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Todd Adler Person making contact: Mike Smith

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

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

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

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

Walter McCombs
Signature of Faculty Sponsor

10/24/25
Date

Approval of Site Based Council Representative [Signature]

Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Walter McComb

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Boys Basketball
DESTINATION Russville H.S. ADDRESS 1101 W 9th St. Russville

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/2/12 DEPARTURE TIME 5:30 PM RETURN TIME 10:00 PM

SOURCE OF FUNDING FOR TRIP TCHS Athletic

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Ryan Davenport Person making contact: M. Smith

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

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

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

Coach

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

Walter McComb
Signature of Faculty Sponsor

Approval of Site Based Council Representative

10/24/25
Date

Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **WALTER MCCOMBS**

TYPE OF TRIP (CHECK ONE): **TCCHS ATHLETICS**

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **BOYS BASKETBALL**

DESTINATION **BOWLING GREEN HIGH SCHOOL**

ADDRESS **1801 ROCKINGHAM AVE., BOWLING GREEN**

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP **2/14/26** DEPARTURE TIME **TBA** RETURN TIME **TBA**

DEPARTURE LOCATION: **TCCHS Gym** COACH CONTACT # **(270) 889-7827**

SOURCE OF FUNDING FOR TRIP **TCCHS ATHLETICS**

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

NUMBER OF: STUDENTS **20** FACULTY SPONSORS **4** TOTAL # OF PARTICIPANTS **24**

EAP: Person contacted at venue to discuss EAP: **Calvin Head** Person making contact: **Mike Smith**

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

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

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

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


Signature of Faculty Sponsor

10/24/25
Date

Approval of Site Based Council Representative 

Date **10-24-25**

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Walter McCabe

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Boys Basketball
DESTINATION Portuguese Hills ADDRESS 1801 Rockingham Ave - Rocky Gap

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2/16/26 DEPARTURE TIME 4:00 PM RETURN TIME 10:30 PM
SOURCE OF FUNDING FOR TRIP TCHS Athletic

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Calvin Hays Person making contact: Mike Sife

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

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

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

Coach

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

Walter McCabe

District Use Only

Section 2

Approval of District Representative _____ Date _____

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: _____

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **WALTER MCCOMBS**

TYPE OF TRIP (CHECK ONE): **TCCHS ATHLETICS**

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **BOYS BASKETBALL**

DESTINATION **DAWSON SPRINGS HIGH SCHOOL**

ADDRESS **317 ELI ST., DAWSON SPRINGS**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **2/19/26** DEPARTURE TIME **3:45 P.M.** RETURN TIME **10:30 P.M.**

DEPARTURE LOCATION: **TCCHS Gym** COACH CONTACT # **(270) 889-7827**

SOURCE OF FUNDING FOR TRIP **TCCHS ATHLETICS**

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

NUMBER OF: STUDENTS **20** FACULTY SPONSORS **4** TOTAL # OF PARTICIPANTS **24**

EAP: Person contacted at venue to discuss EAP: **Logan Davenport** Person making contact: **Mike Smith**

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

Does the venue have an Emergency Response Team: ☐ Yes ☐ No If yes, how are they contacted: **On site**

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

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

Walt Dyer
Signature of Faculty Sponsor

10/24/25
Date

Approval of Site Based Council Representative *[Signature]*

Date **10-24-25**

District Use Only

Section 2

Approval of District Representative _____ Date _____

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: _____

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Walter McCarty**TYPE OF TRIP (CHECK ONE):**Organization requesting the Trip / Organization responsible for Payment: TCHS Boys BasketballDESTINATION Logan Co. HS ADDRESS 2200 Bowling Green Rd. Russellville, Mo.☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 2/24-27/26 DEPARTURE TIME 7:34 RETURN TIME 7:34SOURCE OF FUNDING FOR TRIP TCHS Athletics**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.**NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23EAP: Person contacted at venue to discuss EAP: Todd Adler Person making contact: Mike S. ZIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: On siteDoes the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: On site

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

Coady

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

Walter McCarty

Signature of Faculty Sponsor

Approval of Site Based Council Representative [Signature]

Date

Date 10-24-25**District Use Only****Section 2**

Approval of District Representative _____ Date _____

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: _____

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Nick Ruttk

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS G. H. S. Mr. Ruttk

DESTINATION Ohio G. H. S. ADDRESS 1400 S Main St. Hartford

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/15/25 DEPARTURE TIME TBA RETURN TIME TBA

SOURCE OF FUNDING FOR TRIP TCHS Athletics

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Matt DiGianni Person making contact: M. Ruttk

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

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

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

Coach

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

Nick Ruttk
Signature of Faculty Sponsor

Approval of Site Based Council Representative

10/24/25
Date

Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP NICK SUTTLE

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: BOYS BASKETBALL

DESTINATION CLARKSVILLE ACADEMY

ADDRESS 710 N. 2ND ST., CLARKSVILLE, TN

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/18/25 DEPARTURE TIME 4:15 PM RETURN TIME 8:00 PM

DEPARTURE LOCATION: TCCHS Gym COACH CONTACT # (270) 820-4430

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 29

EAP: Person contacted at venue to discuss EAP: Sean Wilson Person making contact: Mike Smith

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

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

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

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

Walt Nix
Signature of Faculty Sponsor

10/24/25
Date

Approval of Site Based Council Representative [Signature]

Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Nick Sathia

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Girl's Basketball

DESTINATION Clarksville Northwest H.S. ADDRESS 800 Lafayette Rd. Clarksville TN

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 12/2/25 DEPARTURE TIME 4:15 PM RETURN TIME 8:30 PM

SOURCE OF FUNDING FOR TRIP TCCHS Athletics

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Arkey McDonald Person making contact: M. K. Smith

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

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

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

C. C. C. C.

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

W. K. Smith

Signature of Faculty Sponsor

Approval of Site Based Council Representative

Date

Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Nick Suttle

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Girls Basketball

DESTINATION Muhlenberg Co. HS ADDRESS 501 Robert Property Way, Greenville

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 12/25/25 DEPARTURE TIME 4:00pm RETURN TIME 10:30pm

SOURCE OF FUNDING FOR TRIP TCHS Athletic

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Brad Rader Person making contact: M. Ke Smith

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

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

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

Coach

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

Walt Rader
Signature of Faculty Sponsor

Approval of Site Based Council Representative

Date

Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCC HS FACULTY MEMBER(S) SPONSORING TRIP Nick Suttle

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCC HS G.A. Basketball

DESTINATION Allen Co - Scottsbluff, NE H.S. ADDRESS 1545 Pauline Ave, Scottsbluff

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 12/11/25 DEPARTURE TIME 3:45 PM RETURN TIME 9:00 PM

SOURCE OF FUNDING FOR TRIP TCC Athletic

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Brian Head Person making contact: Mike Smith

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

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

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

Coach

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

Nick Suttle
Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative [Signature]

Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Wick Smith

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Girl's Basketball
DESTINATION Berkeley, CA ADDRESS 1801 Rockingham Ave Berkeley, CA

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 12/13/25 DEPARTURE TIME 7:01 AM RETURN TIME 10:30 AM
SOURCE OF FUNDING FOR TRIP TCHS Athletic

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Colin Hod Person making contact: M. K. Smith

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

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

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

Coach

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

Signature of Faculty Sponsor

Approval of Site Based Council Representative

Date

Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Nick Little

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Girls Basketball

DESTINATION Waverly HS ADDRESS 6867 Loveland Road Bowling Green

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 12/16/25 DEPARTURE TIME 3:45 PM RETURN TIME 8:00 PM

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Brandon McGowan Person making contact: M. Little

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

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

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

Coccaro

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

Nick Little
Signature of Faculty Sponsor

Approval of Site Based Council Representative

[Signature]
Date 10/24/25

Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **NICK SUTTLE**

TYPE OF TRIP (CHECK ONE): **TCCHS ATHLETICS**

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **GIRLS BASKETBALL**

DESTINATION **MURRAY HIGH SCHOOL**

ADDRESS **1800 SYCAMORE DR., MURRAY**

☒ Overnight; give name, address, phone of lodging **TBA**

DATE(S) OF TRIP **12/29-30/25** DEPARTURE TIME **TBA** RETURN TIME **TBA**

DEPARTURE LOCATION: **TCCHS Gym** COACH CONTACT # **(270) 820-4430**

SOURCE OF FUNDING FOR TRIP **TCCHS ATHLETICS**

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

NUMBER OF: STUDENTS **20** FACULTY SPONSORS **4** TOTAL # OF PARTICIPANTS **24**

EAP: Person contacted at venue to discuss EAP: **Ann Greenfield** Person making contact: **Mike Smith**

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

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

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

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

Nick Suttle
Signature of Faculty Sponsor

10/24/25
Date

Approval of Site Based Council Representative *[Signature]*

Date **10-24-25**

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Nick Smith

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Gator Basketball

DESTINATION Greenwood H.S. ADDRESS 5065 S. Hawthorne Rd. Parky Grove

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/13/26 DEPARTURE TIME 4:00 PM RETURN TIME 8:30 PM

SOURCE OF FUNDING FOR TRIP TCHS

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Pendell, John Person making contact: N. Smith

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

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

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

Cochran _____

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

W. Smith Signature of Faculty Sponsor Date 10/24/25

Approval of Site Based Council Representative [Signature] Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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: _____

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **NICK SUTTLE**

TYPE OF TRIP (CHECK ONE): **TCCHS ATHLETICS**

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **GIRLS BASKETBALL**

DESTINATION LOGAN COUNTY HIGH SCHOOL

ADDRESS 2200 BOWLING GREEN RD., RUSSELLVILLE

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 1/15/26 DEPARTURE TIME 4:30 P.M. RETURN TIME 9:30 P.M.

DEPARTURE LOCATION: TCCHS Gym COACH CONTACT # (270) 263-3888 620-4436

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Todd Adler Person making contact: Mike Smith

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


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

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

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


Signature of Faculty Sponsor

10/24/25
Date

Approval of Site Based Council Representative 

Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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: _____

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Nick Smith

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Girls Basketball

DESTINATION Loran Co. H.I. ADDRESS 2200 Bowling Green Rd. Aurora, IL

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 1/16/26 DEPARTURE TIME 4:30 PM RETURN TIME 9:00 PM

SOURCE OF FUNDING FOR TRIP TCCHS Athletics

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Todd Adler Person making contact: Nick Smith

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

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

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

(Teacher)

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

Walter Nizdel Signature of Faculty Sponsor

Approval of Site Based Council Representative

Date

Date 10.24.25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)SCHOOL TCC HS FACULTY MEMBER(S) SPONSORING TRIP Nick Suttle**TYPE OF TRIP (CHECK ONE):**Organization requesting the Trip / Organization responsible for Payment: TCC HS Girls BasketballDESTINATION Franklin-Simpson H.S. ADDRESS 400 S. College St. Franklin☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 1/30/26 DEPARTURE TIME 4:00 PM RETURN TIME 8:30 PMSOURCE OF FUNDING FOR TRIP TCC HS Athletic**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.**NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 24EAP: Person contacted at venue to discuss EAP: Matthew White Person making contact: Mike SuttleIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: On siteDoes the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: On site

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

Cocchi

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

Signature of Faculty Sponsor [Signature] Date 10/24/25Approval of Site Based Council Representative [Signature] Date 10-24-25**District Use Only****Section 2**

Approval of District Representative _____ Date _____

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: _____

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Nick Suttle

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS 6:16 Parked

DESTINATION Waverly H.S. ADDRESS 579 Margaret Rd, Bowling Green

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 1/30/26 DEPARTURE TIME 4:00pm RETURN TIME 9:00pm

SOURCE OF FUNDING FOR TRIP TCHS Athletic

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Anthony Hester Person making contact: Mike Smith

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

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

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

Cosch

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

Walt Nigh
Signature of Faculty Sponsor

Approval of Site Based Council Representative

10/24/25
Date

Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Niceville

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Girl's Basketball

DESTINATION Clarksville, TN ADDRESS 3701 Trenton Rd. Clarksville TN

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2/2/26 DEPARTURE TIME 4:30 PM RETURN TIME 8:30 PM

SOURCE OF FUNDING FOR TRIP TCHS Athletic

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Brad Hudson Person making contact: M. Perin

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

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

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

Coaches

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

Walter Wright
Signature of Faculty Sponsor

Approval of Site Based Council Representative

Date

10/24/25
Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCC HS FACULTY MEMBER(S) SPONSORING TRIP Niceville

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCC HS Girl's Basketball
DESTINATION Russellville HS ADDRESS 1101 W 8th St Russellville

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2/13/20 DEPARTURE TIME 4:30 PM RETURN TIME 8:30 PM

SOURCE OF FUNDING FOR TRIP TCC HS Athletics

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Ryan Pasquari Person making contact: Mike Smith

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

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

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

Coach

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

Walter Smith
Signature of Faculty Sponsor

Approval of Site Based Council Representative

10/24/25
Date

Date 10.24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Nick Seale

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Girls Basketball

DESTINATION Christian C.H.S. ADDRESS 220 Glass Ave. Hopton, Mo

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2/17/26 DEPARTURE TIME 4:30pm RETURN TIME 10:00pm

SOURCE OF FUNDING FOR TRIP TCHS Athletics

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Kerry Stovel Person making contact: M. Keaton

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

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

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

Coach _____

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

Nabeela _____ Date 10-24-25

Approval of Site Based Council Representative _____ Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Nick Suttle

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS G. Mr. D. G. L. Bell

DESTINATION Ligon C. H.S. ADDRESS 2200 Bowling Green Rd. Russellville, Mo.

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2/24-27/26 DEPARTURE TIME 7:30 RETURN TIME 7:30

SOURCE OF FUNDING FOR TRIP TCHS Athletics

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Todd Adler Person making contact: Nick Suttle

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

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

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

Coach _____

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

Signature of Faculty Sponsor Nick Suttle Date 10/24/25

Approval of Site Based Council Representative [Signature] Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

09.36 AP.21

STUDENTS

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Mike D'Amico

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS BandDESTINATION Ligon C. A.S. ADDRESS 2200 Bowling Green Rd. Russellville☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 2/24-27/26 DEPARTURE TIME 7:30 RETURN TIME 7:30SOURCE OF FUNDING FOR TRIP TCCHS Athletics

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

NUMBER OF: STUDENTS 40 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 43EAP: Person contacted at venue to discuss EAP: Todd Adler Person making contact: Mike SaizIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: On siteDoes the venue have an Emergency Response Team: ☐ Yes ☐ No If yes, how are they contacted: On site

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

Coach

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

Walt Rych

Signature of Faculty Sponsor

10/24/25

Date

Approval of Site Based Council Representative [Signature]Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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: _____

Coach or School Representative Signature _____ Date _____

self-transport

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **BOOGIE OLIVER**

TYPE OF TRIP (CHECK ONE): **TCCHS ATHLETICS**

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **ARCHERY**

DESTINATION **AUBURN ELEMENTARY SCHOOL**

ADDRESS **221 COLLEGE ST., AUBURN**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **1/9-10/26** DEPARTURE TIME **TBA** RETURN TIME **TBA**

DEPARTURE LOCATION: **AMTC** COACH CONTACT # **(270) 265-8388**

SOURCE OF FUNDING FOR TRIP **TCCHS ATHLETICS**

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

NUMBER OF: STUDENTS **30** FACULTY SPONSORS **4** TOTAL # OF PARTICIPANTS **34**

EAP: Person contacted at venue to discuss EAP: **Todd Adler** Person making contact: **Mike Smith**

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

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

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

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


Signature of Faculty Sponsor

10/23/25
Date

Approval of Site Based Council Representative 

Date **10-23-25**

District Use Only

Section 2

Approval of District Representative _____ Date _____

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: _____

Coach or School Representative Signature _____ Date _____

self-transport

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Mya Swick

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Cheer

DESTINATION Logan Co. H.S. ADDRESS 2200 Bowling Green Rd. Russellville

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/16/20 DEPARTURE TIME 4:30 PM RETURN TIME 10:00 PM

SOURCE OF FUNDING FOR TRIP TCHS Athletics

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: Todd Adler Person making contact: Mya Swick

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

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

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

Coach

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

Walt Wright
Signature of Faculty Sponsor

10/23/25
Date

Approval of Site Based Council Representative

[Signature] Date 10-23-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

Self-transport

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP BOOGIE OLIVER

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: ARCHERY

DESTINATION BUTLER COUNTY HIGH SCHOOL

ADDRESS 1852 MORGANTOWN RD., MORGANTOWN

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 1/16-17/26 DEPARTURE TIME TBA RETURN TIME TBA

DEPARTURE LOCATION: ATTC COACH CONTACT # (270) 265-8388

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 34

EAP: Person contacted at venue to discuss EAP: Brandon Embry Person making contact: Mike Smith

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

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

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

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

Walt Rhyder
Signature of Faculty Sponsor

10/23/25
Date

Approval of Site Based Council Representative [Signature]

Date 10-23-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

self-transport

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **BOOGIE OLIVER**

TYPE OF TRIP (CHECK ONE): **TCCHS ATHLETICS**

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **ARCHERY**

DESTINATION **FOUNDATION CHRISTIAN ACADEMY**

ADDRESS **2480 THREE SPRINGS RD., BOWLING GREEN**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **1/29-30/26** DEPARTURE TIME **TBA** RETURN TIME **TBA**

DEPARTURE LOCATION: **ATMC** COACH CONTACT # **(270) 265-8388**

SOURCE OF FUNDING FOR TRIP **TCCHS ATHLETICS**

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

NUMBER OF: STUDENTS **30** FACULTY SPONSORS **4** TOTAL # OF PARTICIPANTS **34**

EAP: Person contacted at venue to discuss EAP: **Derrick Perdue** Person making contact: **Mike Smith**

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

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

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

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

[Signature]
Signature of Faculty Sponsor

10/23/25
Date

Approval of Site Based Council Representative *[Signature]*

Date **10-23-25**

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

Self-Transport

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP BOOGIE OLIVER

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: ARCHERY

DESTINATION MUHLENBERG COUNTY HIGH SCHOOL

ADDRESS 501 ROBERT DRAPER WAY., GREENVILLE

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 1/30/26 DEPARTURE TIME TBA RETURN TIME TBA

DEPARTURE LOCATION: ATMC COACH CONTACT # (270) 265-8388

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 34

EAP: Person contacted at venue to discuss EAP: Brad Rogles Person making contact: Mike Smith

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

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

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

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

Walt Rogers
Signature of Faculty Sponsor

10/23/25
Date

Approval of Site Based Council Representative [Signature]

Date 10-23-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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: _____

Coach or School Representative Signature _____ Date _____

self-transport

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Mya Sivek

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Cheer

DESTINATION Franklin-Sippen H.S. ADDRESS 400 S. College St. Franklin

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 1/30/26 DEPARTURE TIME 4:00pm RETURN TIME 11:00am

SOURCE OF FUNDING FOR TRIP TCHS Athletic

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: Matthew White Person making contact: Mike Smith

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

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

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

Coach

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

Walt White
Signature of Faculty Sponsor

10/23/25
Date

Approval of Site Based Council Representative [Signature]

Date 10-23-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

re/transport

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Mya Sivells

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Cheer

DESTINATION Russellville ADDRESS 1101 W. 9th St. Russellville

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2/13/20 DEPARTURE TIME 4:30 PM RETURN TIME 10:00 am

SOURCE OF FUNDING FOR TRIP TCHS Athletic

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: Ryan Dargatz Person making contact: M. H. Smith

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

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

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

Coach

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

Natasha
Signature of Faculty Sponsor

Approval of Site Based Council Representative [Signature]

10/23/25
Date

Date 10-23-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

SELF-Report

13th District Tournament

09.36 AP.21

STUDENTS

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Mya Sivell

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Cheer

DESTINATION Ligon C. A.S. ADDRESS 2200 Bowling Green Rd. Russellville

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2/24-27/26 DEPARTURE TIME 7:34 RETURN TIME 7:34

SOURCE OF FUNDING FOR TRIP TCHS Athletics

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: Todd Adler Person making contact: Mya Sivell

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

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

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

Coach

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

Wab

Signature of Faculty Sponsor

Approval of Site Based Council Representative [Signature] Date 10-23-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

Self-Transporting

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP MYA HAMPTON

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: CHEER

DESTINATION HOPKINS COUNTY CENTRAL HIGH SCHOOL

ADDRESS 6625 HOPKINSVILLE RD., MADISONVILLE

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 10/25/26 DEPARTURE TIME TBA RETURN TIME TBA

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (270) 881-6555

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Matthew Wilder Person making contact: Mike Smith

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

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

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

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

Walter Dwyer
Signature of Faculty Sponsor

10/24/25
Date

Approval of Site Based Council Representative [Signature] Date 10-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

Self-transporting

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP MYA HAMPTON

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: CHEER

DESTINATION CENTRAL BANK CENTER

ADDRESS 430 W. VINE ST., LEXINGTON

☒ Overnight; give name, address, phone of lodging TBA

DATE(S) OF TRIP 11/14-15/26 DEPARTURE TIME TBA RETURN TIME TBA

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (270) 881-6555

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: TBA Person making contact: Mike Smith

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

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

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

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

Walt Dyer
Signature of Faculty Sponsor

10/27/25
Date

Approval of Site Based Council Representative [Signature] Date 10-27-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

self-transport

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **BROOK WAGONER**

TYPE OF TRIP (CHECK ONE): **TCCHS ATHLETICS**

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **VOLLEYBALL**

DESTINATION LOGAN COUNTY HIGH SCHOOL

ADDRESS 2200 BOWLING GREEN RD., RUSSELLVILLE

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 10/26-30/26 DEPARTURE TIME TBA RETURN TIME TBA

DEPARTURE LOCATION: TCCHS Gym COACH CONTACT # (270) 604-3345

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Todd Adler Person making contact: Mike Smith

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

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

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

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

Walt Ryder
Signature of Faculty Sponsor

10/22/25
Date

Approval of Site Based Council Representative [Signature]

Date 10-22-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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: _____

Coach or School Representative Signature _____ Date _____

self-transport

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP JERIANN WHITE

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: DANCE

DESTINATION DAVISS COUNTY HIGH SCHOOL

ADDRESS 4255 NEW HARTFORD RD., OWENSBORO

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/9/25 DEPARTURE TIME TBA RETURN TIME TBA

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (270) 604-5486

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 10 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 12

EAP: Person contacted at venue to discuss EAP: David Sandifer Person making contact: Mike Smith

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

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

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

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

Walter
Signature of Faculty Sponsor

10/16/25
Date

Approval of Site Based Council Representative Mr. Q

Date 10-16-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____

self-transport

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **JERIANN WHITE**

TYPE OF TRIP (CHECK ONE): **TCCHS ATHLETICS**

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **DANCE**

DESTINATION **APOLLO HIGH SCHOOL**

ADDRESS **2280 TAMARACK RD., OWENSBORO**

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP **1/3/26** DEPARTURE TIME **TBA** RETURN TIME **TBA**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(270) 604-5486**

SOURCE OF FUNDING FOR TRIP **TCCHS ATHLETICS**

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

NUMBER OF: STUDENTS **10** FACULTY SPONSORS **2** TOTAL # OF PARTICIPANTS **12**

EAP: Person contacted at venue to discuss EAP: **Josh Jackson** Person making contact: **Mike Smith**

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

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

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

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

Walter White
Signature of Faculty Sponsor

10/25/25
Date

Approval of Site Based Council Representative *[Signature]* Date **10-23-25**

District Use Only

Section 2

Approval of District Representative _____ Date _____

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:

Coach or School Representative Signature _____ Date _____