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 School: TCCHS **Organization:** TCCHS Band 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? \square Yes \square 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** Section 2 DISTRICT USE ONLY Approval of District Representative _____ 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.

Coach or School Representative Signature _______ Date

_____ Date ____

Driver Signature ____

Driver Comments:

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: 3 | 35 | |
|--|---|----------------------------|------------------------------|
| Type of Trip (Check One) | | | |
| ⊠ In-County Instructional | ☐ In-County Athle | etic | ☐ Other: (Explain In Detail) |
| ☐ Out-of-County Instruction | □ Out-of-County | Athletic | |
| ☐ Out-of-State Instructional | ☐ Out-Of-State A | thletic | |
| 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 TE | BA |
| Returning Location: TCCHS | Date of Return: 12/6/202525 | Time of Return: 12:30 PM | |
| Chaperone/s: Mike DiPasquale | Chaperone's Phone: 2707993006 | | |
| Special Requests (Check One) | | | |
| □ Van □ Whee | lchair Accessible | tor 🗆 Other: (Expla | ain In Detail) |
| If requesting the Van, has the perso | on driving been certified and approve | ed to drive? 🗆 Yes 🗆 No (C | heck One) |
| Person Driving Van: Click here to | enter text. | Trip Requested By: Mike Di | Pasquale |
| Organization Responsible for Paym | ent: SBDM | | |
| Approval of Site Based Council Rep | presentative <u>An (()</u> | | Date |
| Section 2 | DISTRICT USE O | ONLY | |
| Approval of District Representative | *************************************** | | Date: |
| Section 3 | DRIVER - TURN THIS FORM | M IN WITH TIMESHEETS | |
| Date/Time of Departure: | | Odometer Start: | |
| Date/Time of Return: | | Odometer End: | |
| I hereby certify that the above inform | mation is correct to the best of my k | nowledge. | |
| Driver Signature | | | Date |
| Driver Comments: | | | |
| Coach or School Representative Sig | nature | | 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 Passe | engers: 6 | | |
|--|----------------------------------|---|---------------------------|-----------------------|
| Type of Trip (Check One) | | | | |
| ☐ In-County Instructional | □ In-Co | unty Athletic | ☐ Other. | : (Explain In Detail) |
| | al □ Out-o | f-County Athletic | | |
| ☐ Out-of-State Instructional | □ Out-C | Of-State Athletic | | |
| Destination (Event, City, and State): | All District Band, Bowling Gree | en, KY | | |
| Planned Stops To and From: NA | | | | |
| Departing Location: TCCHS | Date of Departure: 1/8/2026 | 6 Time of D | eparture: TBA | |
| Returning Location: TCCHS | Date of Return: 1/10/2026 | Time of Return: TB | A | |
| Chaperone/s: Mike DiPasquale | Chaperone's Phone: 27079 | 993006 | | |
| Special Requests (Check One) | | | | |
| ⊠ Van □ Whee | lchair Accessible | ☐ Monitor | ☐ Other: (Explain In Deta | ail) |
| If requesting the Van, has the perso | n driving been certified and | approved to drive? | ⊠ Yes □ No (Check One) | |
| Person Driving Van: Heather DiPasc | uale | Trip Requested By: | Mike DiPasquale | |
| Organization Responsible for Paym | ent: SBDM | 10 | | |
| Approval of Site Based Council Rep | resentative | \mathcal{Q}/\mathcal{Z} | Date _ | 11-6-25 |
| Section 2 | DISTRIC | T USE ONLY | | |
| Approval of District Representative | | *************************************** | Date | : |
| Section 3 | DRIVER - TURN TH | IS FORM IN WITH | TIMESHEETS | |
| Date/Time of Departure: | | Odome | er Start: | |
| Date/Time of Return: | | Odome | ter End: | |
| I hereby certify that the above inform | nation is correct to the best | of my knowledge. | | |
| Driver Signature | | | Date _ | |
| Driver Comments: | | | | |
| Coach or School Representative Sig | nature | | Data | |

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP SCHOOL TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: ESTINATION Ky South WN Ver ADDRESS _____

| DATE(S) OF TRIP 10 20 25 DEI | PARTURE TIME <u>(i) 20 am</u> RETURN TIME <u>(4)</u> |
|--|---|
| SOURCE OF FUNDING FOR TRIP | V |
| No student shall be denied 1 | THE TRIP BECAUSE OF AN INABILITY TO PAY. |
| NUMBER OF: STUDENTSFACULTY SP | ONSORS TOTAL # OF PARTICIPANTS |
| EAP: Person contacted at venue to discuss EAP: | Person making contact: Western |
| Is there an Automated External Defibrillator (AED) on | site: Tes No If yes, where: |
| | Yes No If yes, how are they contacted: |
| "School Employee(s) Attending Trip (Please note beside | e name if employee is CPR trained): |
| (Please use separate sheet and attach to this form if mor | re space is needed to list school employees attending). |
| Signature of Faculty Sponsor Approval of Site Based Council Representative | Date 11-6-2 |
| | *************************************** |
| | |
| Distr Section 2 | rict Use Only |
| Section 2 | · |
| Section 2 | · |
| Section 2 Approval of District Representative | Torm IN WITH TIMESHEETS |
| Approval of District Representative DRIVER: TURN THIS F Section 3 | Date Date |
| Section 2 Approval of District Representative DRIVER: TURN THIS F | ORM IN WITH TIMESHEETS Odometer Start: |
| Approval of District Representative DRIVER: TURN THIS F Section 3 Date/Time Departure: | DateDate |
| Approval of District Representative DRIVER: TURN THIS F Section 3 Date/Time Departure: Date/Time Return: I hereby certify that the above information is correct Driver Signature | DateDate |
| Approval of District Representative DRIVER: TURN THIS F Section 3 Date/Time Departure: Date/Time Return: | DateDate |

| School-Related Student Trip Request Form & | Event Specific Emer | gency Action Plan (EAP) |
|--|--------------------------------|----------------------------|
| SCHOOL TCCHS FACULTY M | EMBER(S) SPONSORING | GTRIP Westerman |
| TYPE OF TRIP (CHECK ONE): | | |
| Organization requesting the Trip / Organization responses DESTINATION WKDZ KOCKA ADDRE | onsible for Payment: | oll Code tell |
| DESTINATION WKDZ ROOM ADDRE | ss 19 D.J. Over | en unve, caaries |
| ☐ Overnight; give name, address, phone of lodging _ | | |
| DATE(S) OF TRIP NOV 1842 DEPARTE | TRE TIME 8:00 as | N- RETURN TIME 1:3€ |
| SOURCE OF FUNDING FOR TRIP | | |
| No student shall be denied the tr | IP BECAUSE OF AN INABILI | TTY TO PAY. |
| Number of: StudentsFACULTY SPONSO | | |
| EAP: Person contacted at venue to discuss EAP: | Person maki | ng contact: |
| Is there an Automated External Defibrillator (AED) on site: [| Yes No If yes, wher | re: |
| Does the venue have an Emergency Response Team: Tyes | ☐ No If yes, how are the | y contacted: |
| School Employee(s) Attending Trip (Please note beside name | | |
| | | |
| | | |
| Please use separate sheet and attach to this form if more space | e is needed to list school emp | ployees attending). |
| Signature of Faculty Sponsor | - 8- | Date |
| Approval of Site Based Council Representative | () | Date 11-3-25 |
| *************************************** | | |
| District Us | se Only | |
| Section 2 | • | |
| Approval of District Representative | I | Date |
| | | |
| | | vene. |
| DRIVER: TURN THIS FORM | IIV MILH LIWESHE | EEIS |
| Section 3 | | |
| Section 3 | Odomator S | toute |
| Date/Time Departure: | | tart: |
| Section 3 Date/Time Departure: Date/Time Return: | | tart: |
| Date/Time Departure: Date/Time Return: | Odometer E | End: |
| Date/Time Departure: Date/Time Return: I hereby certify that the above information is correct to the | Odometer E | e. |
| Date/Time Departure: Date/Time Return: I hereby certify that the above information is correct to the departure | Odometer E | e. |
| Date/Time Departure: Date/Time Return: | Odometer E | e Date |

STUDENTS

| School-Related Student Trip Requi | uest Form & Event Sp | ecinc Emergei | icy Action Fran (EAT) |
|---|----------------------------------|----------------------|-----------------------|
| SCHOOL TCCHS | FACULTY MEMBER(S) | SPONSORING T | RIP CW3 Fagan |
| The Court (CHECK ONE) | | | |
| Organization requesting the Trip / Org | ganization responsible for | Payment: | 0 (11 = 50 = 1/4) |
| DESTINATION WESTERN INV VELEGON | 5 Center ADDRESS 406 | VEETIGNS | DY HUNSOVI 1914 |
| ☐ Overnight; give name, address, pho | one of lodging | | |
| | | 12'00 | DEPUTE 4130 |
| DATE(S) OF TRIP 10/11/05 | | | _ RETURN TIME |
| SOURCE OF FUNDING FOR TRIP | POTC | | |
| NO STUDENT SHALL BI | E DENIED THE TRIP BECAUSE | OF AN INABILITY | TO PAY. |
| NUMBER OF: STUDENTSFAC | CULTY SPONSORS | TOTAL # OF | PARTICIPANTS |
| EAP: Person contacted at venue to discuss | EAP: TONDA CAVAN | Person making o | contact: EAS FAGAN |
| Is there an Automated External Defibrillator | (AED) on site: 🛮 Yes 🗖 I | No If yes, where: _ | |
| Does the venue have an Emergency Respons | se Team: 🖪 Yes 🛛 No If y | es, how are they co | ontacted: |
| School Employee(s) Attending Trip (Please | note beside name if employe | ee is CPR trained): | |
| CW3 Fagan | | | |
| | - | | |
| (Please use separate sheet and attach to this | s form if more space is needed t | o list school employ | ees attending). |
| Signature of Faculty Sponsor Approval of Site Based Council Represe | entative S | | Date 11-6-25 |
| | District Use Only | | |
| Section 2 | | | |
| Approval of District Representative | | ii | Date |
| | | | |
| | N TOTAL EADY IN WIT | THE TOTAL PROPERTY | re |
| Section 3 | N THIS FORM IN WIT | H I IIVESHEE | 15 |
| Date/Time Departure: | | Odometer Star | t: |
| Date/Time Return: | | | : |
| | | | |
| hereby certify that the above information | on is correct to the best of | my knowledge. | |
| Driver Signature | | 0. | Date |
| Driver Comments: | | · | |
| Coach or School Representative Signatur | re | | Date |

| | School-Related Student Trip Request Form & | | |
|-------|--|------------------------------------|--------------------|
| | SCHOOL TECHS & TEMS FACULTY M | EMBER(S) SPONSORING TR | IP CW3 Fager |
| | Type of Trip (check one): | | |
| | Organization requesting the Trip / Organization responses Trip / Organization response Trip / Organization responses Trip / Organization responses Trip / Organization responses Trip / Organization responses Trip / Organization response Trip / Organiz | nsible for Payment: | |
| | DESTINATION Central Wigh School ADDRES | SS STUDIES | INEFE MY |
| | Overnight; give name, address, phone of lodging | Springhill Snit | es, 8876 |
| | Old Lee Hwy, Collegeda | le TN 3736 | 3 425-361-3 |
| | DATE(S) OF TRIP DEPARTU | RE TIME 1:20 p~ | _RETURN TIME _2p~ |
| | SOURCE OF FUNDING FOR TRIP | | 11 |
| | NO STUDENT SHALL BE DENIED THE TR | IP BECAUSE OF AN INABILITY T | O PAY. |
| | NUMBER OF: STUDENTS FACULTY SPONSOI | RSTOTAL#OF] | PARTICIPANTS _ \ \ |
| | EAP: Person contacted at venue to discuss EAP: Galoid | Person making co | ontact: 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 con | ntacted: |
| 2.453 | 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 | e is needed to list school employe | es attending). |
| | Ju 2 | _ 0 | |
| | Signature of Faculty Sponsor | 11 11 () | Date11-6-25 |
| | Approval of Site Based Council Representative | 9 1 | Date |
| | *************************************** | | |
| | District Us | se Only | |
| | Section 2 | | |
| | Approval of District Representative | jj | Date |
| | | | |
| | DRIVER: TURN THIS FORM | IN WITH TIMESHEET | 'S |
| | Section 3 | | |
| 1 | Date/Time Departure: | Odometer Start | • |
| | Date/Time Return: | | |
| | Date/ Time Notain. | | |
| 51.14 | I hereby certify that the above information is correct to the | he best of my knowledge. | |
| | Driver Signature | | Date |
| | Driver Comments: | | _/ \ \ |
| | | | _ |
| | Coach or School Representative Signature | | Date |
| | | | |

| School-Related Student Trip Request Form & Event Specific Emerge | ency Action Plan (EAP) |
|--|------------------------|
| SCHOOL TOURS TOURS FACULTY MEMBER(S) SPONSORING | TRIP CW3 FAGAN |
| TYPE OF TRIP (CHECK ONE): | |
| Organization requesting the Trip / Organization responsible for Payment: DESTINATION 123 ARWING FINADDRESS 1001 (500) | JROTC |
| DESTINATION 123 AIRWING KYN ADDRESS 1101 Grad | e Lane Louisville |
| Overnight; give name, address, phone of lodging | |
| | T Parameter L |
| DATE(S) OF TRIP 13 NOI 2025 DEPARTURE TIME 0800 C | RETURN TIME Spm |
| SOURCE OF FUNDING FOR TRIP | |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILIT | Y TO PAY. |
| NUMBER OF: STUDENTS 45 FACULTY SPONSORS 2 TOTAL #0 | F PARTICIPANTS 47 |
| EAP: Person contacted at venue to discuss EAP: Vanle - Grand Person making | g contact: CWS FAN |
| Is there an Automated External Defibrillator (AED) on site: 🗗 Yes 🗀 No 11 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 | i): |
| CW3 Fagar | |
| | |
| (Please use separate sheet and attach to this form if more space is needed to list school emplo | oyees attending). |
| 7 7 - | Date |
| Signature of Faculty Sponsor | Date 11-6-25 |
| Approval of Site Based Council Representative | |
| | |
| District Use Only | |
| Section 2 | _ |
| Approval of District Representative | Date |
| | ******* |
| DRIVER: TURN THIS FORM IN WITH TIMESHE | ETS |
| Section 3 | |
| Date/Time Departure: Odometer St | art: |
| | nd: |
| | |
| hereby certify that the above information is correct to the best of my knowledge | . |
| Dulinary Glicy strong | Date |
| Driver Signature Driver Comments: | |
| Office Comments. | |
| Coach or School Representative Signature | Date |

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP WALTER MCCOMBS SCHOOL TCCHS TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: BOYS BASKETBALL DESTINATION CLARKSVILLE ACADEMY 710 N. 2ND ST., CLARKSVILLE, TN ADDRESS ☐ Overnight; give name, address, phone of lodging 5:15 DATE(S) OF TRIP 11/18/25 DEPARTURE TIME RETURN TIME 8500 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: \(\sigma\) Yes \(\sigma\) 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 Facility Sponsor Approval of Site Based Council Representative **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 Driver Comments: Coach or School Representative Signature _____ Date

STUDENTS

| School-Related | Student Trip | Request Form | & Event Spe | cific Emergency A | ction Plan (EAP) |
|--|----------------------|-------------------------|---------------------|---------------------------|------------------|
| SCHOOL TCCHS | | | | SORING TRIP WALT | |
| TYPE OF TRIP (CH | ECK ONE): T(| CCHS ATHLETICS | | | |
| ORGANIZATION RE | QUESTING THE | TRIP/ ORGANIZAT | ION RESPONSI | BLE FOR PAYMENT: BO | DYS BASKETBALL |
| DESTINATION | OWEN | SBORO HIGH SCHO | OOL | | |
| ADDRESS | 1800 F | REDERICA ST., OW | ENSBORO | | |
| Overnight; giv | | | | | |
| DATE(S) OF TRIP_ | _11 <u>/22/25</u> DE | PARTURE TIME | 9 <u>:15 AM</u> | RETURN TIME | 2:30 PM |
| DEPARTURE LOC | ATION: | TCCHS Gym | COACH | CONTACT # (270) | 889-7827 |
| SOURCE OF FUNDIN | NG FOR TRIP | TCCHS ATHL | ETICS | | |
| NUMBER OF STREET | | NO STUDENT SHALL | BE DENIED TH | E TRIP BECAUSE OF AN II | NABILITY TO PAY. |
| NUMBER OF: STUD | ENTS2 <u>5</u> | FACULTY SPONS | ORS4 | _TOTAL # OF PARTIC | CIPANTS29 |
| EAP: Person contact | ed at venue to di | iscuss EAP: Too | ld Harper | Person making conta | act: Mike Smith |
| is there an Automated | External Defibri | illator (AED) on site | DVec DNo | If was | • . |
| Does the venue have a | ın Emergency Re | esponse Team: 🛛 Ye | No If yes | how are they contacted: | On aita |
| School Employee(s) A | ttending Trip (P. | lease note beside nan | ne if employee: | is CPR trained): Coache | S |
| (Please use separate shee | t and attach to this | form if more space is r | needed to list sche | ool employees attending). | |
| World Warden | | | | 1/1/21 | 1hc |
| Signature of Faculty Spo | nsor | | | Date | 123 |
| Annroyal of Site Roo | and Coursell D. | | 11 | 2, _ | 10 2 1 |
| Approval of Site Bas | ed Council Rep | presentative | 0 | Da | tel 1-1-2 |
| | | ************ | ******** | *********** | *********** |
| Section 2 | | District U | se Only | | |
| Approval of District] | Representative | | | Date | |
| *********** | ********* | | | Date | |
| Section 3 | DRIVER: 1 | TURN THIS FOR | M IN WITH | ГІМЕЅНЕЕТЅ | *********** |
| Date/Time Departure: Date/Time Return: | | | | dometer Start | |
| Date/Time Return: | | | | Odometer Fnd: | |
| | | | | | |
| I hereby certify that the | e above inform | nation is correct to t | he best of my | knowledge. | |
| Driver Signature | | | | | |
| Driver Comments: | | | | Date | ===== |
| Coach or School Repre | esentative Sign | ature | | Data | <u>.</u> |

| School-Related Student Trip Request Form & Ev | ent Specific Emergen | icy Action Plan (EAT) |
|---|-------------------------------|---|
| SCHOOL TCCHS FACULTY MEM | BER(S) SPONSORING TI | RIP Wh / H/V/Contr |
| TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization response DESTINATION Of the North H.S. ADDRESS Overnight; give name, address, phone of lodging | 100 201 1019 17 10 10 1 | |
| DATE(S) OF TRIP 12/2/25 DEPARTURE | TIME 5:00 PM | RETURN TIME <u> </u> |
| SOURCE OF FUNDING FOR TRIP Tects Athletic | | |
| NO STUDENT SHALL RE DENIED THE TRIP I | BECAUSE OF AN INABILITY | TO PAY. |
| NUMBER OF: STUDENTS DE FACULTY SPONSORS EAP: Person contacted at venue to discuss EAP: Ach ley Mo | Den ald Person making o | contact: MERIMIL |
| I there are Automated External Defibrillator (AED) on site PI | es I No If yes where: (| IVV Te |
| Does the venue have an Emergency Response Team: Yes | No If yes, how are they co | ontacted: OV/12 |
| 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 Signature of Faculty Sponsor Approval of Site Based Council Representative | needed to list school employe | Date D-74 |
| District Use | Only | |
| Section 2 Approval of District Representative | ı | Date |
| Approval of District Representative | | Datc |
| *************************************** | | |
| DRIVER: TURN THIS FORM I Section 3 | N WITH TIMESHEET | rs . |
| Date/Time Departure: | Odometer Star | t: |
| 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: | | S |
| Coach or School Representative Signature | | Date |

| School-Related Student Trip Req | uest <u>Form & Event Specific</u> <u>Emergency</u> | Action Plan (EAP) |
|--|---|---------------------|
| SCHOOL TCCHS | FACULTY MEMBER(S) SPONSORING TRIP | Walter Mc Contr |
| TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization | ganization responsible for Payment: TCHK ADDRESS 1545 Bowling Orac Rd one of lodging | Bas Rackothall |
| DATE(S) OF TRIP 12/11/2/ | DEPARTURE TIME S:COM | RETURN TIME 10:3011 |
| SOURCE OF FUNDING FOR TRIP TO | H (Athletics | |
| NO STUDENT SHALL B | E DENIED THE TRIP BECAUSE OF AN INABILITY TO I | PAY. |
| EAP: Person contacted at venue to discuss | EAP: Head Person making control (AED) on site: Description of the site of the | act: (1, 10) 172 |
| Door the venue have an Emergency Respon | se Team: LYes \(\sigma\) No If yes, how are they conta | cted: On the |
| | note beside name if employee is CPR trained): | |
| (Please use separate sheet and attach to this Signature of Faculty Sponso Approval of Site Based Council Represe | | Z) |
| - | District Use Only | |
| Section 2 | | |
| Approval of District Representative | | Date |
| DRIVER: TUR | N THIS FORM IN WITH TIMESHEETS | |
| Date/Time Departure: | Odometer Start: | |
| Date/Time Return: | Odometer End: _ | |
| I hereby certify that the above information | on is correct to the best of my knowledge. | |
| Driver Signature | | Date |
| Driver Comments: | | |
| Coach or School Representative Signatur | re | Date |

STUDENTS

| School-Related Student Trip Request Form & Event Specific Emergence | A , C A, . |
|--|---------------------|
| SCHOOL TO HIS FACULTY MEMBER(S) SPONSORING TR | P Na He McConb |
| | I whomat A forth is |
| Organization recognition for Payment /// | Bry Bry Brotholl |
| DESTINATION + a/t/ GADDOU H. ADDRESS 9 12/ GADDOU | FoltCappell |
| ☐ Overnight; give name, address, phone of lodging | |
| DATE(S) OF TRIP 22/2 DEPARTURE TIME 4 MICH. | RETURN TIME (1:ash |
| SOURCE OF FUNDING FOR TRIP Tatt 4+ hle4ic | 0 n 4V |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO | DIPAY. |
| NUMBER OF: STUDENTS 80 FACULTY SPONSORS 3 TOTAL # OF I | PARTICIPANTS 23 |
| EAP: Person contacted at venue to discuss EAP: Ben by Cardwill Person making co | ontact: 101 Flad 46 |
| Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: | 11 ste |
| Does the venue have an Emergency Response Team: Tes I No If yes, how are they con | ntacted: Chr fu |
| 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 employee Signature of Faculty Sponsor Approval of Site Based Council Representative | es attending). |
| District Top Only | |
| District Use Only Section 2 | |
| Approval of District Representative | Date |
| | |
| DRIVER: TURN THIS FORM IN WITH TIMESHEET | S |
| 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 |

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP WALTER MCCOMBS SCHOOL TCCHS 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 \(\sigma\) No If yes, where: On site Does the venue have an Emergency Response Team: \(\begin{align*} \Delta \text{Yes} \quad \Delta \text{No If yes, how are they contacted:} \) 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 Facilty Sponsor Approval of Site Based Council Representative **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 _____

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP WALTER MCCOMBS SCHOOL TCCHS 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: Tyes I 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). Approval of Site Based Council Representative **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 _____

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) 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** FOUNDATION CHRISTIAN ACADEMY 2480 THREE SPRINGS RD., BOWLING GREEN ADDRESS 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: 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: 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: Tyes \(\subseteq \) 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). Approval of Site Based Council Representative **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) FACULTY MEMBER(S) SPONSORING TRIP Walter TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: DESTINATION South Ware H.S. ADDRESS 5/40 Nahville R.d. Perlac Grein ☐ Overnight; give name, address, phone of lodging DATE(S) OF TRIP 2/12-23/2 DEPARTURE TIME TRA RETURN TIME SOURCE OF FUNDING FOR TRIP To HIS Affile Sie NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. Number of: students 20 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: March 6 (1861 Person making contact: M 18 Saft Is there an Automated External Defibrillator (AED) on site: \(\overline{\text{Y}}\) Yes \(\overline{\text{No If yes, where:}}\) Does the venue have an Emergency Response Team: Yes \(\subseteq \) No If yes, how are they contacted: \(\subseteq \lambda \subseteq \) 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 Approval of Site Based Council Representative **District Use Only** Section 2 Approval of District Representative DRIVER: TURN THIS FORM IN WITH TIMESHEETS **Section 3** Date/Time Departure: Odometer Start: Odometer End: Date/Time Return: I hereby certify that the above information is correct to the best of my knowledge. Date Driver Signature **Driver Comments:** Coach or School Representative Signature ______ Date

| School-Related Student Trip Request Form & | Event Specific Emergency Action Plan |
|--|--|
| SCHOOL TCCHI FACULTY M | MEMBER(S) SPONSORING TRIP No 14/ No Co |
| | TOTAL OF Madella |
| Organization requesting the Trip / Organization responses | consible for Payment: Collin Collins |
| DESTINATION ADDRESS OVER GIVE OF ADDRESS OVER GIVE OF ADDRESS OVER GIVE OF ADDRESS OF AD | ESS 1001 ROCKERATION TOE. DESTANDOTE |
| Overnight; give name, address, phone of lodging | |
| DATE(S) OF TRIP 1/3/26 DEPART | TURE TIME TIME RETURN TIME |
| SOURCE OF FUNDING FOR TRIP Total Athletic | 7 |
| NO STUDENT SHALL BE DENIED THE TR | RIP BECAUSE OF AN INABILITY TO PAY. |
| NUMBER OF: STUDENTSFACULTY_SPONSO | ORSTOTAL # OF PARTICIPANTS |
| NUMBER OF: STUDENTS FACULTY SPONSO EAP: Person contacted at venue to discuss EAP: | Person making contact: (V, KP/N, +L |
| Is there an Automated External Defibrillator (AED) on site; | Yes No If yes, where: |
| Does the venue have an Emergency Response Team: Yes | s 🗆 No If yes, how are they contacted: 🕖 🏃 |
| School Employee(s) Attending Trip (Please note beside nam | ne if employee is CPR trained): |
| Coche | |
| | |
| Please use separate sheet and attach to this form if more space of Faculty Sponsor Approval of Site Based Council Representative | Dase |
| District U | |
| Section 2 | |
| Approval of District Representative | Date |
| Approval of District Representative | |
| | |
| DRIVER: TURN THIS FOR | M IN WITH TIMESHEETS |
| Section 3 | |
| Date/Time Departure: | |
| 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: | |
| | Date |

| School-Related Student Trip Request Form & Event Specific Emergence | |
|--|---------------------------|
| SCHOOL TCC. #/ FACULTY MEMBER(S) SPONSORING TRI | P Couttle Matter No Corbs |
| | 2110 0101 |
| TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: ADDRESS J High School A lb. The Control of the Contro | 6 Mil Pray Marketha |
| DESTINATION (+ tor (+ H. S. ADDRESS () High school to 1 b. | RAG |
| ☐ Overnight; give name, address, phone of lodging | |
| | |
| DATE(S) OF TRIP 15/26 DEPARTURE TIME 13A | RETURN TIME /1/ |
| SOURCE OF FUNDING FOR TRIP TO HI Athletics | |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO | PAY. |
| Number of: students 40 FACULTY SPONSORS 7 TOTAL # OF P | 'ARTICIPANTS Y |
| EAP: Person contacted at venue to discuss EAP: Day I They Person making co | ntact: W. K. Ja. TL |
| Is there an Automated External Defibrillator (AED) on site; ☐ Yes ☐ No If yes, where: | te |
| Does the venue have an Emergency Response Team: Yes \(\sigma\) No If yes, how are they con | tacted: On te |
| School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): | |
| Cogdill | |
| | |
| Please use separate sheet and attach to this form if more space is needed to list school employee | s attending). |
| Signature of Faculty Sponsor | te. |
| Approval of Site Based Council Representative | Date |
| District Use Only | |
| Section 2 | |
| Approval of District Representative | Date |
| | |
| DRIVER: TURN THIS FORM IN WITH TIMESHEET | 8 |
| Section 3 | 3 |
| | |
| | |
| 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: | Date |
| Driver Comments: Coach or School Representative Signature | |

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP WALTER MCCOMBS SCHOOL TCCHS Type of Trip (check one): TCCHS ATHLETICS ORGANIZATION REQUESTING THE TRIP/ORGANIZATION RESPONSIBLE FOR PAYMENT: BOYS BASKETBALL 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 46 Total # of Participants 24 % 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: Z 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 Approval of Site Based Council Representative **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 Driver Comments: Coach or School Representative Signature ______ Date ____

| School-Related Student Trip Request Form & Event Specific Emergency | Action Plan (EA) |
|--|----------------------|
| SCHOOL TECHS FACULTY MEMBER(S) SPONSORING TRIP | Un Her McCombi |
| | 0 0 1 11 11 |
| to the state of th | Days Dakethall |
| DESTINATION Green and address, phone of lodging | Dadng Corpe |
| Overnight; give name, address, phone of lodging | |
| DATE(S) OF TRIP 1/3/26 DEPARTURE TIME DEPARTURE TIME | RETURN TIME <u> </u> |
| SOURCE OF FUNDING FOR TRIP TCCH! Af h lefice | |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO P. | AY. |
| NUMBER OF: STUDENTS OF PACULTY SPONSORS TOTAL # OF PA | RTICIPANTS |
| NUMBER OF: STUDENTS OF FACULTY SPONSORS TOTAL # OF PAI EAP: Person contacted at venue to discuss EAP: Person making contacted at venue to discuss EAP: | act: W.Ke)nfL |
| Is there an Automated External Defibrillator (AED) on site: Wes \Box No If yes, where: | te |
| Does the venue have an Emergency Response Team: \(\overline{\pi}\) Yes \(\overline{\pi}\) No If yes, how are they contact | cted: Ovste |
| School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): | |
| Signature of Faculty Sponsor Approval of Site Based Council Representative | Date <u>(0-24</u> - |
| 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: | |
| Date/ I me Return. | |
| 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 & Event Specific E | mergency Action Plan (EA |
|--|--|
| SCHOOL TCCt// FACULTY MEMBER(S) SPONSO | DRING TRIP Nalter McCons |
| TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment DESTINATION Overnight; give name, address, phone of lodging | My (N/PP) NO. FUNE CIA (12 |
| DATE(S) OF TRIP 1/16/20 DEPARTURE TIME 5:701 | RETURN TIME 10. |
| Source of funding for trip TCCHS Athletics | |
| NO STUDENT SHALL RE DENIED THE TRIP BECAUSE OF AN IN | ABILITY TO PAY. |
| NUMBER OF: STUDENTS 20 FACULTY SPONSORS TOT. EAP: Person contacted at venue to discuss EAP: Todo Adler. Person | making contact: Malsatt |
| Is there an Automated External Defibrillator (AED) on site: Tyes I No If yes, | where: Orre |
| Does the venue have an Emergency Response Team: Tes I No If yes, how as | re 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 Signature of Faculty Sponsor Approval of Site Based Council Representative | ol employees attending). Date Date Date |
| District Use Only | |
| Section 2 | |
| Approval of District Representative | Date |
| | *************************************** |
| DRIVER: TURN THIS FORM IN WITH TIME | ESHEETS |
| Section 3 | _ |
| | eter Start: |
| Date/Time Return: Odom | eter End: |
| I hereby certify that the above information is correct to the best of my know | wledge. |
| Driver Signature | Date |
| Driver Comments: | |
| Diver Comments. | |

| School-Related Student Trip Request Form & Event Specific Emergence | <u> Action Plan (EAP)</u> | | | |
|--|---------------------------|--|--|--|
| SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP W | ALTER MCCOMBS | | | |
| SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP WALTER MCCOMBS TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS Walter McCombs VickSuffice | | | | |
| ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT | r: Boys Basketball 6於你 | | | |
| DESTINATION RUSSELLVILLE HIGH SCHOOL | | | | |
| ADDRESS 1101 W. 9 TH ST., RUSSELLVILLE | | | | |
| ☐ Overnight; give name, address, phone of lodging | | | | |
| DATE(S) OF TRIP 1/22/26 DEPARTURE TIME 4:45 P.M. RETURN T | | | | |
| 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 NUMBER OF: STUDENTS 20 36 FACULTY SPONSORS 46 TOTAL # OF PA | 40 | | | |
| EAP: Person contacted at venue to discuss EAP: Ryan Davenport Person making | ng contact: Mike Smith | | | |
| Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: | | | | |
| Does the venue have an Emergency Response Team: Tyes \square No If yes, how are they cont | | | | |
| School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): C | oaches | | | |
| (Please use separate sheet and attach to this form if more space is needed to list school employees attended | ling). | | | |
| ON 140 M. d. | 1194/25 | | | |
| Signature of Facility Sponsor Dat | e | | | |
| 1 m | Va 2 4 5 4 | | | |
| Approval of Site Based Council Representative | Date 10-24-29 | | | |
| *************************************** | | | | |
| District Use Only Section 2 | | | | |
| | Data | | | |
| Approval of District Representative | | | | |
| | | | | |
| DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 | | | | |
| | | | | |
| 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 | | | |

| School-Related Student Trip Request Form & Event S | pecific Emergency | Action Plan (EAP) |
|--|--------------------------|-----------------------------|
| SCHOOL TCC#S FACULTY MEMBER(S | s) sponsoring trip | Wolfer McCarbs |
| | - 1/1 | D. Reckothall |
| Organization requesting the Trip / Organization responsible fo | r Payment: 100775 | rays more ra |
| TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible fo DESTINATION ADDRESS Overnight: give name address, phone of lodging |) Volley 11 (Odil | |
| Overinght, give name, address, phone or 1008-8 | | |
| DATE(S) OF TRIP 1/24/26 DEPARTURE TIME | S.COPM 1 | RETURN TIME <u>//://</u> // |
| SOURCE OF FUNDING FOR TRIP TCCH A+hletic | | |
| NO STUDENT SHALL RE DENIED THE TRIP BECAUS | SE OF AN INABILITY TO | PAY. |
| Number of: students 20 faculty sponsors 3 | TOTAL # OF PA | RTICIPANTS 45 |
| EAP: Person contacted at venue to discuss EAP: Jour Gloud | Person making cont | tact: Wike Int |
| Is there an Automated External Defibrillator (AED) on site: ☐ Yes ☐ | No If yes, where: | rte |
| Does the venue have an Emergency Response Team: Yes No If | yes, how are they conta | icted: Ongita |
| School Employee(s) Attending Trip (Please note beside name if emplo | yee is CPR trained): | |
| | | |
| (Please use separate sheet and attach to this form if more space is needed | to list school employees | / |
| Signature of Faculty Sponsor Approval of Site Based Council Representative | | Date 10-24-25 |
| District Use Only | | |
| Section 2 | | |
| Approval of District Representative | i | Date |
| | ****** | ************* |
| DRIVER: TURN THIS FORM IN WI | TH 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 | f my knowledge. | |
| Driver Signature | | Date |
| Driver Comments: | | |
| Coach or School Representative Signature | | Date |

| School-Related Student Trip Request Form & Event Specific Emergency | Action Plan (EAP) |
|--|--------------------|
| SCHOOL TCC HI FACULTY MEMBER(S) SPONSORING TRIP | Walter Mc Conta |
| TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TCC/I DESTINATION FORE A STORY ADDRESS 4005. College St. For Overnight; give name, address, phone of lodging | Roy Batetheli |
| DATE(S) OF TRIP 1/30 126 DEPARTURE TIME Sign | RETURN TIME //:G// |
| Source of funding for trip TCC HPA+ Metic | |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO I | PAY. |
| NUMBER OF: STUDENTS FACULTY SPONSORS TOTAL # OF PACULTY SPONSORS EAP: Person contacted at venue to discuss EAP: Person making contacted at venue to discuss EAP: | tact: NV Kesi+L |
| Is there an Automated External Defibrillator (AED) on site: Yes \(\square\) No If yes, where: | rte 2 |
| Does the venue have an Emergency Response Team: Yes \(\sigma\) No If yes, how are they contains | cted: Or He |
| 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 Signature of Faculty Sponsor Approval of Site Based Council Representative | <u> </u> |
| 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 |

| School-Related Student Trip Request Form & Event Sp | ecific Emergence | <u>Action Plan (EAF)</u> |
|--|----------------------|--------------------------|
| SCHOOL CCHS FACULTY MEMBER(S) | SPONSORING TRI | IP Walter McCons |
| TYPE OF TRIP (CHECK ONE): | TTCC | ICA IR hall le |
| TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for DESTINATION Ward Carto H.S. ADDRESS Overnight; give name, address, phone of lodging | Payment: VCCO | 3 Doys Harregnov |
| DESTINATION WOLF CENTROL H.S. ADDRESS 189 | Magantounka | Boully Oren |
| Overnight; give name, address, phone of lodging | | *** |
| DATE(S) OF TRIP 1/31/26 DEPARTURE TIME | SICOAM | RETURN TIME 10:30 PM |
| SOURCE OF FUNDING FOR TRIP TCCHI Athletics | | |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE | OF AN INABILITY TO | O PAY. |
| Number of: students 20 faculty sponsors 3 | TOTAL # OF P | ARTICIPANTS / |
| EAP: Person contacted at venue to discuss EAP: | Person making co | intact: /V.KP/A/PL |
| Is there an Automated External Defibrillator (AED) on site: Yes | No If yes, where: // | 1574 |
| Does the venue have an Emergency Response Team: Yes No If y | es, how are they con | itacted: Unrife |
| School Employee(s) Attending Trip (Please note beside name if employ | ee is CPR trained): | |
| | | |
| Please use separate sheet and attach to this form if more space is needed to Signature of Faculty Sponsor Approval of Site Based Council Representative | 10/29 Da | (d) |
| District Use Only | | |
| Section 2 | | |
| Approval of District Representative | 4. | Date |
| *************************************** | ********* | ************* |
| DRIVER: TURN THIS FORM IN WIT | H TIMESHEET | S |
| 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 |

| School-Related Student Trip Request Form & Event Specific Emergency Action Plan | EA |
|---|--------------|
| SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Walfer Ma Co. | br_ |
| TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TCHI Boys Packets DESTINATION (LANGE Northeast H.S. ADDRESS THE TENTON Rd. Clarkfolds TN | -4 |
| DESTINATION (1/1/2)/// Northeast A. Address / | |
| DATE(S) OF TRIP 2/2/26 DEPARTURE TIME 5:20PM RETURN TIME | 11: |
| DATE(S) OF TRIP A A A A A A A A A A A A A A A A A A A | |
| Source of funding for trip Tath Athletics | |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. | 7 |
| NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS | 7 |
| EAP: Person contacted at venue to discuss EAP: Wed Address Person making contact: Mke In | 4 |
| Is there an Automated External Defibrillator (AED) on site: EYes \Box No If yes, where: | _ |
| Does the venue have an Emergency Response Team: Team: No If yes, how are they contacted: | _ |
| School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): | |
| Release use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Approval of Site Based Council Representative Date Date | |
| District Use Only | |
| Section 2 | |
| Approval of District RepresentativeDate | _ |
| | |
| 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 | |

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 \(\square\) No If yes, where: On site Does the venue have an Emergency Response Team: Yes \(\sigma\) 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 Approval of Site Based Council Representative **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 _____

| School-Related Student Trip Request Form | & Event Specific Emergency Action Plan (EAP) |
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| SCHOOL TCCHC FACULTY | MEMBER(S) SPONSORING TRIP Walter Macabs |
| | sponsible for Payment: TCHSBey Payathill RESS //C/ / 94/ 04. Ruff ll. 12. |
| DESTINATION KUNGLOUICHS. ADD | RESS 1161 12 9+6 1+. 124/19 113.112 |
| Overnight; give name, address, phone of lodging | g |
| DATE(S) OF TRIP DEPARTMENT DEPART | RETURN TIME 10:000 |
| Source of funding for trip TCIHS Athi | ef'c |
| No STUDENT SHALL RE DENIED THE | TRIP BECAUSE OF AN INABILITY TO PAY. |
| NAME AND ADDRESS OF THE PROPERTY OF THE PROPER | SORS 7 TOTAL # OF PARTICIPANTS 23 |
| E A D. Damen contacted at venue to discuss EAP. | Device of Person making contact: /V to 12+ |
| Is there an Automated External Defibrillator (AED) on si | e: No If yes, where: No If yes, where: No If yes, how are they contacted: |
| Does the venue have an Emergency Response Team: | es D No If yes, how are they contacted: |
| School Employee(s) Attending Trip (Please note beside n | ame if employee is CPR trained): |
| Coacher | |
| | |
| Please use separate sheet and attach to this form if more some support of Signature of Faculty Sponsor Approval of Site Based Council Representative | Date |
| Approval of the Based Council Representative | |
| | |
| | t Use Only |
| Section 2 | _ |
| Approval of District Representative | Date |
| **************************** | |
| DRIVER: TURN THIS FO | RM IN WITH TIMESHEETS |
| Section 3 | • |
| Date/Time Departure: | Odometer Start: |
| Date/Time Return: | |
| | |
| 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) FACULTY MEMBER(S) SPONSORING TRIP WALTER MCCOMBS SCHOOL TCCHS 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 2/12/26 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 \(\sqrt{N} \) No If yes, where: On site Does the venue have an Emergency Response Team: Yes \(\sigma\) No If yes, how are they contacted: \(\sigma\) 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 Approval of Site Based Council Representative **District Use Only** Section 2 Approval of District Representative Date DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 Date/Time Departure: Date/Time Return: Odometer End: I hereby certify that the above information is correct to the best of my knowledge. Driver Signature Date

Coach or School Representative Signature ______ Date _____

Driver Comments:

| School-Related Student Trip Requ | <u>est Form & Event Specific Emergenc</u> | Action Plan (EAP) |
|---|---|--|
| SCHOOL Tetts | FACULTY MEMBER(S) SPONSORING TRI | PWater McConby |
| TYPE OF TRIP (CHECK ONE): | Tab | ca A. J. M. 11 |
| Organization requesting the Trip / Orga | ADDRESS 1801 Fockinghan Au ne of lodging | 1 1/04 JANGO MOU |
| DESTINATION Ve VINCORPER H.S | ADDRESS 1801 Fockinghan 40 | 6- 100 kg GREET |
| Overnight; give name, address, phon | ne of lodging | |
| | | |
| DATE(S) OF TRIP //6/26 | DEPARTURE TIME 4:0/PM | RETURN TIME [0 - 100 |
| SOURCE OF FUNDING FOR TRIP | (Affilefe) | |
| NO STUDENT SHALL BE | DENIED THE TRIP BECAUSE OF AN INABILITY TO | PAY. |
| NUMBER OF: STUDENTS 20 FACI | ULTY SPONSORS 2 TOTAL # OF P. | ARTICIPANTS = |
| EAP: Person contacted at venue to discuss E | AP: Calshap Person making con | itact: M. Re N. A. |
| Is there an Automated External Defibrillator (| (AED) on site: Yes No If yes, where: | ante |
| Does the venue have an Emergency Response | Team: Yes No If yes, how are they cont | acted: On the |
| School Employee(s) Attending Trip (Please n | ote beside name if employee is CFR trailed). | |
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| (Please use separate sheet and attach to this in Signature of Faculty Sponsor Approval of Site Based Council Representation | form if more space is needed to list school employees | 21 |
| | / | |
| | District Use Only | |
| Section 2 | District Coo Ciny | |
| Approval of District Representative | | |
| | | *************************************** |
| DRIVER: TURN | THIS FORM IN WITH TIMESHEETS | } |
| Section 3 | • | |
| Date/Time Departure: | Odometer Start: | |
| Date/Time Return: | | |
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| I hereby certify that the above information | n is correct to the best of my knowledge. | |
| Driver Signature | · | Date |
| Driver Comments: | | |
| Coach or School Representative Signature | | Date |
| | | The state of the s |

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP WALTER MCCOMBS SCHOOL TCCHS 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 <u>2/19/26</u> DEPARTURE TIME <u>3:45 P.M.</u> RETURN TIME <u>10:30 P.M.</u> 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: \square Yes \square 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 Approval of Site Based Council Representative 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 _____

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| STUDENTS | 19 | | 09.36 AP.21 |
|---|-------------------------------------|-------------------|---|
| School-Related Student Trip R | Request Form & Event Speci | fic Emergen | cy Action Plan (EAP) |
| SCHOOL TO CHI | FACULTY MEMBER(S) SP | | |
| | FACULTY INTEMBER(S) SF | ONSORING II | u v v v v v v v v v v v v v v v v v v v |
| TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / | Organization responsible for Pay | ment: TCH | 45 Boy S By detholi |
| DESTINATION / 990 (A) | ADDRESS 2200 & | WIno Grei. Ro | 1. Rusrellille |
| ☐ Overnight; give name, address, | | | |
| DATE(S) OF TRIP 2/24 27/ | DEPARTURE TIME 7 | 34 | RETURN TIME / P.A. |
| SOURCE OF FUNDING FOR TRIP 7 | att Athletic | | |
| | L BE DENIED THE TRIP BECAUSE OF | | |
| Number of: students 🕢 🔠 | FACULTY SPONSORS 3 | TOTAL # OF I | PARTICIPANTS |
| EAP: Person contacted at venue to discu | uss EAP: odd Adle/ P | erson making co | ontact: MICES & FL |
| Is there an Automated External Defibrilla | ator (AED) on site: Yes D No I | f yes, where: U | 1/2 |
| Does the venue have an Emergency Resp | oonse Team: 🗆 Yes 🗆 No If yes, h | ow are they cor | ntacted: White |
| School Employee(s) Attending Trip (Plea | ase note beside name if employee is | CPR trained): | |
| | | | 2 |
| Signature of Faculty Spo. Approval of Site Based Council Representation | | 10/29 | / <u>J.S</u> tte Date <u>/O-24-25</u> |
| - | District Use Only | | |
| Section 2 | | | |
| Approval of District Representative _ | | 1 | Date |
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| DRIVER: TU | TRN THIS FORM IN WITH T | IMESHEETS | S |
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| hereby certify that the above informat | tion is correct to the best of my k | cnowledge. | |
| river Signature | | | Date |
| Oriver Comments: | | | |
| oach or School Representative Signat | ure | | Date |

| School-Related Student Trip Reque | est Form & Event Specific Emergenc | Action Plan (EAP) |
|---|---|-------------------|
| SCHOOL TCCHS | FACULTY MEMBER(S) SPONSORING TRI | Nick Suttk |
| | | |
| O | mization responsible for Payment: | 10:1001 Bakethall |
| DESTINATION Oh.d.G. H.S. | ADDRESS 1400 Moin St. to | artford |
| ☐ Overnight; give name, address, phon | ADDRESS / 400 \ Main St. + | |
| | | |
| DATE(S) OF TRIP [//5/25 | DEPARTURE TIME TBA | RETURN TIME ///A |
| SOURCE OF FUNDING FOR TRIP TCC H | S Athletics | |
| NO STUDENT SHALL BE I | DENIED THE TRIP BECAUSE OF AN INABILITY TO | PAY. |
| NUMBER OF: STUDENTS FACU | ULTY SPONSORSTOTAL # OF PA | ARTICIPANTS 2/ |
| EAP: Person contacted at venue to discuss EA | AP: ///c/t ///carrie Person making con | itact: 101. Parth |
| Is there an Automated External Defibrillator (| AED) on site: Ves \(\square\$ No If yes, where: \(\seta \). | 10te |
| Does the venue have an Emergency Response | Team: Yes No If yes, how are they cont | acted: Onte |
| School Employee(s) Attending Trip (Please no | ote beside name if employee is CPR trained): | |
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| (Please use separate sheet and attach to this for Signature of Faculty Sponsor Approval of Site Based Council Represent | form if more space is needed to list school employees | 125 |
| ripprovar of bito Bubbs Country Represent | 1000 | |
| _ | Nintmint Hon Ombr | |
| Section 2 | District Use Only | |
| Approval of District Representative | | Date |
| ******************** | | ************ |
| DRIVER: TURN | THIS FORM IN WITH TIMESHEETS | |
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| Date/Time Departure: | Odometer Start: | |
| Date/Time Return: | | |
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| 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 & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP NICK SUTTLE SCHOOL TCCHS 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 \(\sigma\) 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 Approval of Site Based Council Representative **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 ____

| School-Related Student Trip R | <u> Request Form & Event Spe</u> | ecific Emerge | ency Action Plan (EAP) |
|--|--------------------------------------|--------------------|-----------------------------|
| SCHOOL Take | FACULTY MEMBER(S) | SPONSORING T | TRIP/Vick Softle |
| TYPE OF TRIP (CHECK ONE): | 21.1 01 | D | He Girle Rodathell |
| Organization requesting the Trip / DESTINATION () Orthor | Organization responsible for i | factured. | Clarkery.lle IN |
| ☐ Overnight; give name, address, | | | |
| | | | |
| DATE(S) OF TRIP 12/2/28 | DEPARTURE TIME | 4:15 m | RETURN TIME <u>{ } 20</u> P |
| SOURCE OF FUNDING FOR TRIP To | CHSAthle fiel | | |
| No student shall | LL BE DENIED THE TRIP BECAUSE | OF AN INABILITY | TO PAY. |
| NUMBER OF: STUDENTS EAP: Person contacted at venue to disc | FACULTY SPONSORS | TOTAL # O | F PARTICIPANTS |
| EAP: Person contacted at venue to disc | uss EAP: Hinky McDorald | _Person making | contact: M. Fl Jafa |
| Is there an Automated External Defibrill | lator (AED) on site: EYes IN | o If yes, where: | (1) ste |
| Does the venue have an Emergency Res | ponse Team: 🗹 Yes 🛚 No If ye | s, how are they o | contacted: (NATO |
| School Employee(s) Attending Trip (Ple | ease note beside name if employe | e is CPR trained |): |
| Cardier | | | |
| | | | |
| (Please use separate sheet and attach to | this form if more space is needed to | list school employ | yees attending). |
| Signature of Faculty Sp. Approval of Site Based Council Rep. | onsor recentative | | Date 10-24-25 |
| Approvat of Site Dased Council Rep. | | | |
| | District Use Only | | |
| Section 2 | | | |
| Approval of District Representative | | T. | Date |
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| DDK/FD. /r | TIDAL TELEC ECODAL IN MOTO | | anc. |
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| Date/Time Return: | | | d: |
| Date Time Return. | | Odometer En | u |
| I hereby certify that the above inform | ation is correct to the best of r | ny knowledge. | |
| Driver Signature | | | Date |
| Driver Comments: | | | |
| 0. 1. 0.1. 10. | | | T |
| Coach or School Representative Signa | ature | | Date |

| School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) |
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| SCHOOL TCCHI FACULTY MEMBER(S) SPONSORING TRIP V.C. S. HHE |
| TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: Total Backethan DESTINATION While has Co. Hat ADDRESS Sol Robust Dispersion of Control |
| DESTINATION Muhlenberg Co. Has ADDRESS) Of Robert May Granilla |
| Overnight; give name, address, phone of lodging |
| DATE(S) OF TRIP / 2 1/2 DEPARTURE TIME 4.00 PM RETURN TIME 10:20 PM |
| Source of funding for trip 100/11 At hetic |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. |
| NUMBER OF: STUDENTS FACULTY SPONSORS TOTAL # OF PARTICIPANTS 29 EAP: Person contacted at venue to discuss EAP: Person making contact: M. K. Sm. +1 |
| EAP: Person contacted at venue to discuss EAP: Made Person making contact: W. H. Swith |
| Is there an Automated External Defibrillator (AED) on site: Yes \(\sqrt{N} \) No If yes, where: \(\sqrt{N} \sqrt{t} \) |
| Does the venue have an Emergency Response Team: Wes \(\sigma \) No If yes, how are they contacted: \(\frac{OV}{V} \) \(\frac{V}{V} \) |
| 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 Approval of Site Based Council Representative Date 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 |

| School-Related Student Trip Request Form & Event Specific Emergency | Action Plan (EAT) |
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| SCHOOL To the FACULTY MEMBER(S) SPONSORING TRIP | Nick Suttle |
| | |
| Organization requesting the Trip / Organization responsible for Payment: | C.11/16 CAPETRALI |
| DESTINATION 4 (C) (- VOLTA, 1/2 H.) ADDRESS 15 4) VOLTA OFFICE ADDRESS 15 | Scottoville |
| ☐ Overnight; give name, address, phone of lodging | |
| DATE(S) OF TRIP 2/11/25 DEPARTURE TIME 3' 47 PM I | RETURN TIME 9. COPA |
| Source of funding for trip Tath Ath letic | |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO F | PAY. |
| NUMBER OF: STUDENTS ACULTY SPONSORS TOTAL # OF PA | RTICIPANTS 24 |
| EAP: Person contacted at venue to discuss EAP: Died Hard Person making cont | act: MKO Swith |
| Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: | arte |
| Does the venue have an Emergency Response Team: Yes No If yes, where Does the venue have an Emergency Response Team: Yes No If yes, how are they contain the second | cted: Out |
| School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): | UXI I |
| Cog dell | |
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| 1 1 2 C C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | attendin a) |
| Please use separate sheet and attach to this form if more space is needed to list school employees a | menung). |
| Signature of Faculty Sponsor Date | |
| Approval of Site Based Council Representative | _Date <u>10-24-25</u> |
| *************************************** | |
| 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 |

| School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) |
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| SCHOOL CE SCHOOL FACULTY MEMBER(S) SPONSORING TRIP WCF Suff/L |
| TYPE OF TRIP (CHECK ONE): |
| Type of Trip (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TCHS 6:11 Be dethout DESTINATION OF A BORESS 1801 Recle is then An Birling Create Inches And Birling Create Inches And Birling Create Inches Inche |
| DESTINATION 1/6 ADDRESS 1801 Weellinghan And Diving Com |
| Overnight; give name, address, phone of lodging |
| To a Manual Transfer III) |
| DATE(S) OF TRIP 12/13/25 DEPARTURE TIME TIME 10: YOU |
| SOURCE OF FUNDING FOR TRIP TCCHS AHARAS |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. |
| NUMBER OF: STUDENTS OF FACULTY SPONSORS TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: Columbia Person making contact: M. Less 22 Is there an Automated External Defibrillator (AED) on site: Carry on the contact of the co |
| EAP: Person contacted at venue to discuss EAP: Clum Hood Person making contact; M. Ke Sm F |
| Is there an Automated External Defibrillator (AED) on site: No If yes, where: |
| Is there an Automated External Defibrillator (AED) on site: The No If yes, where: The Does the venue have an Emergency Response Team: The No If yes, how are they contacted: |
| School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): |
| ceache |
| |
| Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Approval of Site Based Council Representative Date 10-24-75 |
| |
| 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 |

| School-Related Student Trip Request Form & Event Specific Emergency | Action Plan (EAF) |
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| SCHOOL TCCHI FACULTY MEMBER(S) SPONSORING TRIP | Vit Sittle |
| TYPE OF TRIP (CHECK ONE): | 6:16 Parketball |
| DESTINATION North Early Address, phone of lodging | |
| DATE(S) OF TRIP 2/16/25 DEPARTURE TIME 3.45 PM R | RETURN TIME # Oco 07 |
| SOURCE OF FUNDING FOR TRIP | |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO P. | 4Y. |
| Number of: students O FACULTY SPONSORS Q TOTAL # OF PAI | RTICIPANTS |
| EAP: Person contacted at venue to discuss EAP: Manda Manda Person making contacted | ict: IVI FF M./TL |
| Is there an Automated External Defibrillator (AED) on site: \(\mathbb{E}\) Yes \(\mathbb{I}\) No If yes, where: \(\begin{align*} \begin{align*} \lambda_{\beta} \\ \lambda_{\beta} \\ \end{align*} | 110 |
| Does the venue have an Emergency Response Team: Yes No If yes, how are they contact | eted: On the |
| 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 a Signature of Faculty Sponsor Date | Date 10 - 24 - 25 |
| Approval of Site Based Council Representative | _Date(0 0) |
| *************************************** | ************ |
| 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) FACULTY MEMBER(S) SPONSORING TRIP NICK SUTTLE SCHOOL TCCHS TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: GIRLS BASKETBALL DESTINATION MURRAY HIGH SCHOOL 1800 SYCAMORE DR., MURRAY ADDRESS ☑ Overnight; give name, address, phone of lodging <u>TBA</u> DATE(S) OF TRIP 12/29-30/25 DEPARTURE TIME TBA RETURN TIME TBA TCCHS Gym COACH CONTACT # (270) 820-4430 DEPARTURE LOCATION: 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 \(\sigma\) No If yes, where: On site Does the venue have an Emergency Response Team: Ves 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 Approval of Site Based Council Representative **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 ____

| School-Related Student Trip Request Form & Event Specific Emergency | Action Plan (EAP) |
|---|---------------------------|
| SCHOOL TECHT FACULTY MEMBER(S) SPONSORING TRIP | Nick Sittle |
| | 11. 0. 1.11 |
| TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TO HIS DESTINATION Greenwood HIS ADDRESS 506 Soft Meld. | S.N. MESTOHLI |
| DESTINATION Greenword H. S. ADDRESS JUG Xoths 10 Cd. | Verly Great |
| Overnight; give name, address, phone of lodging | |
| DATE(S) OF TRIP 1/13/26 DEPARTURE TIME 4:00 PM F SOURCE OF FUNDING FOR TRIP 7 HS | RETURN TIME <u>8300</u> 0 |
| SOURCE OF FUNDING FOR TRIP / (#) | |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO P | AY. |
| NUMBER OF: STUDENTS 2C FACULTY SPONSORS 4 TOTAL # OF PAI EAP: Person contacted at venue to discuss EAP: 2cm 11.0 4 cm Person making contacted | RTICIPANTS 27 |
| EAP: Person contacted at venue to discuss EAP: Vn / 11,0 Lon Person making contacted | act: 10. Kessite |
| Is there an Automated External Defibrillator (AED) on site: Tyes I No If yes, where: | ote |
| Does the venue have an Emergency Response Team: Yes No If yes, how are they contact | cted: Uss + E |
| 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 a Signature of Faculty Sponsor Approval of Site Based Council Representative | () |
| 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) FACULTY MEMBER(S) SPONSORING TRIP NICK SUTTLE SCHOOL TCCHS TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: GIRLS BASKETBALL DESTINATION LOGAN COUNTY HIGH SCHOOL 2200 BOWLING GREEN RD., RUSSELLVILLE ADDRESS ☐ 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: TCCHTCyr COACH CONTACT # (270) 263 383 620 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: 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 Approval of Site Based Council Representative **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

| School-Related Student Trip Request Form & Event Specific Emergence | y Action Plan (EAP) |
|---|---|
| SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TR | PALCE JUTTLE |
| TYPE OF TRIP (CHECK ONE): | IC La Rack other |
| Organization requesting the Trip / Organization responsible for Payment: | VI Que Illa |
| DESTINATION OCCA Co. H.). ADDRESS 2200 Dawing with | No. OCUME OFFICE |
| TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: DESTINATION Occasion H. J. ADDRESS 2200 Banking beets Overnight; give name, address, phone of lodging | |
| DATE(S) OF TRIP 1/6/26 DEPARTURE TIME 4.76/M | RETURN TIME GAP |
| SOURCE OF FUNDING FOR TRIP TCCHS Athletics | |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO | O PAY. |
| NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 TOTAL # OF I | PARTICIPANTS |
| NUMBER OF: STUDENTS 20 FACULTY SPONSORS TOTAL # OF FEAP: Person contacted at venue to discuss EAP: 10dd Adle/ Person making co | ntact: MKE Sm. +2 |
| Is there an Automated External Defibrillator (AED) on site: E Yes No If yes, where: | 154 |
| Does the venue have an Emergency Response Team: Team: In No If yes, how are they con | tacted: Unite |
| 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 employed. Signature of Faculty Sponsor Approval of Site Based Council Representative | s attending). 25 ue Date <u>10-24-25</u> |
| District Use Only | |
| Section 2 | |
| Approval of District Representative | Date |
| *************************************** | ************** |
| DRIVER: TURN THIS FORM IN WITH TIMESHEET | S |
| 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) FACULTY MEMBER(S) SPONSORING TRIP \wedge SCHOOL TECHS TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TCCHS DESTINATION FIGAL LINGS POST HIS. ADDRESS 4005. College St. ☐ Overnight; give name, address, phone of lodging _ DEPARTURE TIME 4.00PM RETURN TIME & DATE(S) OF TRIP 1/30/26 SOURCE OF FUNDING FOR TRIP TOCHY Athlefic NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 2 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 2 EAP: Person contacted at venue to discuss EAP: Moth W. U. Ih. te Person making contact: Mite Santa Is there an Automated External Defibrillator (AED) on site: El Yes No If yes, where: Does the venue have an Emergency Response Team: Tes I No If yes, how are they contacted: On He 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). Approval of Site Based Council Representative **District Use Only** Section 2 Approval of District Representative _____ DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Odometer Start: Date/Time Departure: 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

| School-Related Student Trip Request | Form & Event Specific Emergency | Action Plan (EAP) |
|---|--|----------------------------|
| SCHOOL TECHS FA | ACULTY MEMBER(S) SPONSORING TRIP | Nick uttle |
| Type of Trip (CHECK ONE): Organization requesting the Trip / Organization Destination Overnight; give name, address, phone of | ADDRESS STA Marganton Roll | Bin in Giorn |
| DATE(S) OF TRIP 1/31/20 | DEPARTURE TIME GOOFW 1 | RETURN TIME <u>9'Gof</u> r |
| SOURCE OF FUNDING FOR TRIP TCC HI A | + h/etic | |
| NO STUDENT SHALL RE DEN | ITED THE TRIP BECAUSE OF AN INABILITY TO P | PAY. |
| NUMBER OF STREET, 20 FACILITY | V SPONSORS U TOTAL # OF PA | RTICIPANTS |
| F A D. Person contacted at venue to discuss EAP: | Person making cont | act. 10(F2)/47/ |
| T. d Automated Enternal Defibrillator (AE) | D) on site Dives D No If ves, where: | 1 ptd |
| Does the venue have an Emergency Response Te | am: Wes D No If yes, how are they conta | cted: Onte |
| School Employee(s) Attending Trip (Please note | beside name if employee is CPR trained): | |
| Please use separate sheet and attach to this form Signature of Faculty Sponsor Approval of Site Based Council Representati | ve | attending). 2) |
| | District Use Only | |
| Section 2 | | |
| Approval of District Representative | , | Date |
| ******************* | | ************ |
| DRIVER: TURN TI | HIS FORM IN WITH TIMESHEETS | |
| Date/Time Departure: | Odometer Start: | |
| Date/Time Return: | | |
| I hereby certify that the above information is | | |
| Driver Signature | | Date |
| Driver Comments: | | |
| Coach or School Representative Signature | | Date |

| School-Related Student Trip Reque | est <u>Form & Event Specific</u> <u>Emergency</u> | Action Plan (EAP) |
|---|--|----------------------|
| SCHOOL TCCHS | FACULTY MEMBER(S) SPONSORING TRIP | Nick) with |
| | | |
| Organization requesting the Trip / Organization | nization responsible for Payment: | 6. NOSall of hall |
| DESTINATION (LAKSV. 1/c Nothlast | nization responsible for Payment: TOHS -HC ADDRESS 37017/enter Rd C | WANTE / N |
| ☐ Overnight; give name, address, phon | e of lodging | |
| DATE(S) OF TRIP 2/2/26 | DEPARTURE TIME 4. 2011 | RETURN TIME 8: 20 fm |
| SOURCE OF FUNDING FOR TRIP TCC# | st-th letiu | |
| NO STUDENT SHALL BE I | DENIED THE TRIP BECAUSE OF AN INABILITY TO | PAY. |
| Number of: Students 20 FACU | JLTY SPONSORS TOTAL # OF PA | RTICIPANTS 2 |
| EAP: Person contacted at venue to discuss EA | AP: Brad Hadson Person making cont | tact: M. Felin, AL |
| Is there an Automated External Defibrillator (| AED) on site: Tyes \square No If yes, where: $\bigcup \alpha$ | 150 |
| Does the venue have an Emergency Response | Team: ☐ Yes ☐ No If yes, how are they conta | icted: Custe |
| School Employee(s) Attending Trip (Please no | ote beside name if employee is CPR trained): | |
| (Please use separate sheet and attach to this for Signature of Faculty Sponsor Approval of Site Based Council Represent | | J |
| - | District Use Only | |
| Section 2 | District Old Olly | |
| Approval of District Representative | * | |
| | | ************ |
| DRIVER: TURN | THIS FORM IN WITH TIMESHEETS | |
| Section 3 | - | |
| Date/Time Departure: | Odometer Start: | |
| Date/Time Return: | | |
| I hereby certify that the above information | | |
| Driver Signature | | Date |
| Driver Comments: | | V |
| Coach or School Representative Signature | | Date |

| School-Related Student Trip Reque | st Form & Event Specific Emergency | Action Plan (EAP) |
|--|---|-------------------|
| SCHOOL TCC 45 | FACULTY MEMBER(S) SPONSORING TRIP | NICES, +AC |
| TYPE OF TRIP (CHECK ONE): | nization responsible for Payment: TCCHS | 6. M. Baket 64 |
| DESTINATIONU SUOFILIA, 10 /7-) | ADDICESS TO | 1411/0 |
| ☐ Overnight; give name, address, phone | e of lodging | |
| DATE(S) OF TRIP 21/3/20 | DEPARTURE TIME 4: 70 PM F | RETURN TIME 834 |
| SOURCE OF FUNDING FOR TRIP Tabl | Afhletia | |
| No student shall be d | ENIED THE TRIP BECAUSE OF AN INABILITY TO P. | AY. |
| NUMBER OF: STUDENTS QC FACU | LTY SPONSORSTOTAL # OF PAI | RTICIPANTS 2 4 |
| EAP: Person contacted at venue to discuss EA | P: Ryca Passagest Person making contra | act: M.Kerth |
| Is there an Automated External Defibrillator (A | (ED) on site: Yes \(\square\) No If yes, where: \(\square\) | Ne. |
| Does the venue have an Emergency Response | Team: Yes No If yes, how are they contact | cted: Onte |
| School Employee(s) Attending Trip (Please no | te beside name if employee is CPR trained): | |
| Please use separate sheet and attach to this fo Signature of Faculty Sponsor Approval of Site Based Council Representation | | 12 011 70 |
| - | District Use Only | |
| Section 2 | • | |
| Approval of District Representative | | Date |
| | | *********** |
| | 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: | | fi. |
| Coach or School Representative Signature | | Date |

| School-Related Student Trip Request Form & Event S | pecific Emergency Ac | ction Plan (EAP) |
|---|--|--|
| SCHOOL TCCHS FACULTY MEMBER(S | s) sponsoring trip $\underline{\mathcal{N}}$ | ick) withe |
| | | |
| Organization requesting the Trip / Organization responsible for | Payment: 16671 67 | N BOXXEThal |
| TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for DESTINATION ADDRESS DESTINATION | OKSTAJO. Hajkiri | lik |
| ☐ Overnight; give name, address, phone of lodging | | |
| DATE(S) OF TRIP 2/17/26 DEPARTURE TIME | 4.70Pm RET | TURN TIME LOCOPY |
| SOURCE OF FUNDING FOR TRIP TCHS Athletics | | |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUS | E OF AN INABILITY TO PAY. | \sim \sim 2 |
| NUMBER OF: STUDENTS | TOTAL # OF PART | ICIPANTS Z |
| EAP: Person contacted at venue to discuss EAP: Kerry Store! | Person making contact: | 1. NOMOL |
| Is there an Automated External Defibrillator (AED) on site: Yes Does the venue have an Emergency Response Team: Yes No If | No If yes, where: | the state of the s |
| Does the venue have an Emergency Response Team: Yes \(\subseteq \text{No If } \) | yes, how are they contacted | 1: 000 |
| School Employee(s) Attending Trip (Please note beside name if employ | /ee is CPR trained): | |
| | | |
| (Please use separate sheet and attach to this form if more space is needed Signature of Faculty Sponsor | to list school employees atter | ding). |
| Approval of Site Based Council Representative | Г | Date 10-24-25 |
| Approvar of Site Based Council Representative | | |
| | | |
| District Use Only Section 2 | | |
| | D | ato. |
| Approval of District Representative | D | |
| | | ********** |
| DRIVER: TURN THIS FORM IN WI | TH TIMESHEETS | |
| Section 3 | 0.1 | |
| Date/Time Departure: | | |
| Date/Time Return: | Odometer End: | |
| I hereby certify that the above information is correct to the best of | f my knowledge. | |
| Driver Signature | D | ate |
| Driver Comments: | | |
| Coach or School Representative Signature | D. | ate |

13th District Townsenist

09.36 AP.21 STUDENTS School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP λ SCHOOL TECH TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TCHSO Is Darlathul DESTINATION LOGON CAS. ADDRESS 200 & WING CIERRA. RUSTELL Overnight; give name, address, phone of lodging DEPARTURE TIME 734 DATE(S) OF TRIP 2/2477/26 RETURN TIME 79 SOURCE OF FUNDING FOR TRIP TCC HI At hletic 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: Toold Adler Person making contact: Mice Sa Is there an Automated External Defibrillator (AED) on site: Yes \(\square\$ No If yes, where: \(\sqrape A \) Does the venue have an Emergency Response Team: Tes I 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 Approval of Site Based Council Representative **District Use Only** Section 2 Approval of District Representative _______ Date DRIVER: TURN THIS FORM IN WITH TIMESHEETS **Section 3** Date/Time Departure: Odometer Start: Odometer End: Date/Time Return: I hereby certify that the above information is correct to the best of my knowledge. Date Driver Signature **Driver Comments:** Coach or School Representative Signature Date

13th Distict Townenist

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) SCHOOL TECH! FACULTY MEMBER(S) SPONSORING TRIP TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: JCHS Ward DESTINATION LOGON Co AS. ADDRESS 200 GWING Creek R. Rysell Overnight; give name, address, phone of lodging DEPARTURE TIME 784 DATE(S) OF TRIP 2/2 RETURN TIME SOURCE OF FUNDING FOR TRIP TCCHANO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. Number of: students 40 faculty sponsors 3 Total # of Participants 4EAP: Person contacted at venue to discuss EAP: Toda Adler Person making contact: ///ces Is there an Automated External Defibrillator (AED) on site: Yes I No If yes, where: Does the venue have an Emergency Response Team: Tyes I No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Cogdo? (Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Approval of Site Based Council Representative **District Use Only** Section 2 Date _____ Approval of District Representative 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 **Driver Comments:** Coach or School Representative Signature _____ Date

STUDENTS 09.36 AP.21

| 51UDEN15 U9.30 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 AdlerPerson 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 Approval of Site Based Council Representative |
| 20042011 |
| 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) FACULTY MEMBER(S) SPONSORING TRIP My G Sup G SCHOOL TECT TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TCHS (hee/ DESTINATION LOCALE. H.S. ADDRESS 2200 Drates GIRERA Russe ☐ Overnight; give name, address, phone of lodging RETURN TIME (U. O.) DATE(S) OF TRIP 1/16/26 DEPARTURE TIME 4.70 M SOURCE OF FUNDING FOR TRIP TCC HS AH lette NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. FACULTY SPONSORS _____TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: Toda Adle Person making contact: Mice Sa Is there an Automated External Defibrillator (AED) on site: Yes \(\square\) No If yes, where: Does the venue have an Emergency Response Team: Yes \(\sigma\) No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): COGCHUS Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Approval of Site Based Council Representative **District Use Only** Section 2 Date ____ Approval of District Representative DRIVER: TURN THIS FORM IN WITH TIMESHEETS **Section 3** Odometer Start: Date/Time Departure: 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) SPON | SORING TRIP BOOGIE OLIVER |
|--|---|--|
| TYPE OF TRIP (CHECK ONE): TO | | |
| ORGANIZATION REQUESTING THE | TRIP/ ORGANIZATION RESPONSIE | ELE FOR PAYMENT: ARCHERY |
| DESTINATION BUTLER C | COUNTY HIGH SCHOOL | |
| ADDRESS 1852 N | MORGANTOWN Rd., MORGANTO | WN |
| ☐ Overnight; give name, addre | ss, phone of lodging | |
| | | |
| DATE(S) OF TRIP 1/16-17/26 | DEPARTURE TIME TBA | RETURN TIME TBA |
| | TO COACH CONTACT | |
| SOURCE OF FUNDING FOR TRIP | TCCHS ATHLETICS | |
| | | E TRIP BECAUSE OF AN INABILITY TO PAY. |
| NUMBER OF: STUDENTS 30 | FACULTY SPONSORS4 | _TOTAL # OF PARTICIPANTS34 |
| EAP: Person contacted at venue to | discuss FAP: Brandon Embra | Person making contact: Mike Smith |
| Is there an Automated External Defib | | |
| Does the venue have an Emergency F | Response Team: Yes No If yes, | how are they contacted: On site |
| School Employee(s) Attending Trip (| | |
| (Please use separate sheet and attach to the | is form if more space is needed to list sch | ool employees attending) |
| 9/1/01/1 | to not ben | 1///22/15 |
| Signature of Faculty Sponsor | | Date |
| | | 0 |
| Approval of Site Based Council R | epresentative / / | Date 10-23-25 |
| *************************************** | | |
| Section 2 | District Use Only | |
| Approval of District Representative | 70 | D . |
| Approval of District Representative | | Date |
| DDIVED. | TUDN THE TODA IN MATER | MA 410 MAY 200 |
| Section 3 | TURN THIS FORM IN WITH | TIMESHEETS |
| Date/Time Departure: | | Odometer Start: |
| Date/Time Return: | | Odometer End: |
| | | |
| I hereby certify that the above info | rmation is correct to the best of m | y knowledge. |
| Driver Signature | | Date |
| Driver Comments: | | |
| Coach or School Representative Si | gnature | 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 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 1/2920/26 DEPARTURE TIME TBA RETURN TIME TBA DEPARTURE LOCATION: ATMC COACH CONTACT # (270) 265-8388 TCCHS ATHLETICS SOURCE OF FUNDING FOR TRIP 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: ______ Person making contact: Mike Smith Is there an Automated External Defibrillator (AED) on site: Ves No If yes, where: On site Does the venue have an Emergency Response Team: Tes I 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 Approval of Site Based Council Representative **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-Hansport

STUDENTS 09.36 AP.21

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

| SCHOOL TCCH | (S | FACULTY ME | MBER(S) SPON | SORING TRIP BO | OGIE OLIVER | |
|--|--|--|----------------------------------|---|---------------------------------------|--|
| | | CCHS ATHLETICS TRIP/ ORGANIZAT | | BLE FOR PAYMENT | : ARCHERY | |
| DESTINATION | MUHLENBERG COUNTY HIGH SCHOOL | | | | | |
| ADDRESS | ESS 501 ROBERT DRAPER WAY., GREENVILLE | | | | | |
| ☐ Overnight; gi | ive name, addre | ss, phone of lodgin | ıg | | | |
| DATE(S) OF TRIP | | EPARTURE TIME ATMC | | RETURN TIME TACT #(270) 26 | TBA | |
| SOURCE OF FUND | ING FOR TRIP | TCCHS ATH | LETICS | | | |
| NUMBER OF: STU | DENTS 30 | | | | AN INABILITY TO PAY. RTICIPANTS 34 | |
| EAP: Person contains there an Automate Does the venue have School Employee(s) (Please use separate should be supported by Signature of Facility Signature | ed External Defibe an Emergency R Attending Trip (| rillator (AED) on sit Response Team: ZY Please note beside n | e: Yes No If yes ame if employee | o If yes, where:s, how are they contact is CPR trained): Co | On site acted: On site aches ing). | |
| Approval of Site B | | epresentative / | n Ok | 13 | Date_ <u>/6-23-25</u> | |
| | • | Distric | Use Only | ••••• | | |
| Section 2 | | | • | | | |
| Approval of Distric | ct Representativ | e | | | Date | |
| Section 3 | DRIVER: | TURN THIS FO | RM IN WITE | I TIMESHEETS | | |
| Date/Time Departu | ıre: | | | Odometer Start: | | |
| Date/Time Return: | | | | Odometer End: | | |
| I hereby certify tha | | | | | | |
| Driver Signature | | | | | Date | |
| Driver Comments: | | | | | - | |
| Coach or School Re | enresentative Si | onature | | | Date | |

self-Hargort

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP My a Sive la SCHOOL / at TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: Tech Chel DESTINATION Franklin-Super HS ADDRESS 400 Scallers Ct. Franklin ☐ Overnight; give name, address, phone of lodging DEPARTURE TIME 4:000 M RETURN TIME /1:000 DATE(S) OF TRIP 1/30/26 SOURCE OF FUNDING FOR TRIP TCC HSAffitefic NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 20 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: Mother Person making contact: Mike Santa Is there an Automated External Defibrillator (AED) on site: Yes D No If yes, where: Does the venue have an Emergency Response Team: Yes D 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 Date 10-23-2 Approval of Site Based Council Representative **District Use Only** Section 2 Approval of District Representative Date DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 Odometer Start: Date/Time Departure: 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) FACULTY MEMBER(S) SPONSORING TRIP Mya Sivelly SCHOOL JCCh TYPE OF TRIP (CHECK ONE): Organization requesting, the Trip / Organization responsible for Payment: DESTINATION KU FSE MILLET ADDRESS 101 W. 9th St. Kurrellille ☐ Overnight; give name, address, phone of lodging DEPARTURE TIME 4:30M RETURN TIME 10:000 DATE(S) OF TRIP 2/13/20 SOURCE OF FUNDING FOR TRIP TO HI AH MICHIN NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 26 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: 12/00 Della A Person making contact: M 14/00 Is there an Automated External Defibrillator (AED) on site: Tes I No If yes, where: Does the venue have an Emergency Response Team: Tyes \(\sigma\) No If yes, how are they contacted: 'School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): 1 Tacher Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Approval of Site Based Council Representative **District Use Only** Section 2 Date _____ Approval of District Representative 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

5814-Hangart

13th Dirtict Townement

| STUDENTS | 09.36 AP.21 |
|--|---|
| School-Related Student Trip Request Form & Eve | nt Specific Emergency Action Plan (EAP) |
| SCHOOL TECHT FACULTY MEM | BER(S) SPONSORING TRIP Mya Sidella |
| TYPE OF TRIP (CHECK ONE): | DEM(S) 51 Grid Grid Grid Grid Grid Grid Grid Grid |
| Organization requesting the Trin / Organization responsi | ole for Payment: TCCHS Cheer |
| DESTINATION / 290/ (4 /-): ADDRESS | LOU SON no breing. RMSEPHAME |
| ☐ Overnight; give name, address, phone of lodging | |
| 0/02400/00 | TO A DESIGNATION THAT TO A |
| DATE(S) OF TRIP 2/24 J7/26 DEPARTURE | TIME / 34 RETURN TIME / 7 |
| SOURCE OF FUNDING FOR TRIP Tath Afhletic | |
| No student shall be denied the trip by Number of: students 20 faculty sponsors | |
| EAP: Person contacted at venue to discuss EAP: | Person making contact: 10 CC 71 |
| Is there an Automated External Defibrillator (AED) on site: | os O No If yes where: |
| Does the venue have an Emergency Response Team: Yes \(\text{P} \) | No If yes, how are they contacted: |
| School Employee(s) Attending Trip (Please note beside name if e | mployee is CPR trained): |
| Cogdie | |
| | |
| (Please use separate sheet and attach to this form if more space is n | eeded to list school employees attending). |
| Signature of Faculty Sponsor | Date - 10 0 0 0 |
| Approval of Site Based Council Representative | Date 10-23-2 |
| | |
| District Use O | nly |
| Section 2 | _ |
| Approval of District Representative | Date |
| | |
| DRIVER: TURN THIS FORM IN Section 3 | WITH TIMESHEETS |
| Date/Time Departure: | Odometer Start: |
| Date/Time Return: | Odometer End: |
| I hereby certify that the above information is correct to the be | |
| Driver Signature | Date |
| Driver Comments: | Date |
| Coach or School Representative Signature | Data |
| | Date |

SPIF-Hangforting

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 6625 HOPKINSVILLE RD., MADISONVILLE ADDRESS ☐ Overnight; give name, address, phone of lodging DATE(S) OF TRIP 10/25/26 DEPARTURE TIME TBA RETURN TIME 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: Tyes In 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 Facult Sponsor Approval of Site Based Council Representative **District Use Only** Section 2 Approval of District Representative Date DRIVER: TURN THIS FORM IN WITH TIMESHEETS **Section 3** Date/Time Departure: 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-Harrfolting

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 FO | OR PAYMENT: CHEER | | | | | |
| DESTINATION CENTRAL BANK CENTER | | | | | | |
| Address 430 W. Vine St., Lexington | <u></u> | | | | | |
| Overnight; give name, address, phone of lodging | TBA | | | | | |
| DATE(S) OF TRIP 11/14-15/26 DEPARTURE TIME TBA | | | | | | |
| DEPARTURE LOCATION: TCCHS Annex COACH CO. | NTACT # (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 <u>20</u> FACULTY SPONSORS <u>3</u> To | TAL # OF PARTICIPANTS23 | | | | | |
| EAP: Person contacted at venue to discuss EAP: | s, where: On site are they contacted: On site R trained): Coaches | | | | | |
| Section 2 District Use Only | | | | | | |
| Approval of District Representative | Date | | | | | |
| | Bate | | | | | |
| DRIVER: TURN THIS FORM IN WITH TIM Section 3 | ESHEETS | | | | | |
| Date/Time Departure: Odon | neter Start: | | | | | |
| | neter End: | | | | | |
| I hereby certify that the above information is correct to the best of my kno | | | | | | |
| Driver Signature Driver Comments: | Date | | | | | |
| Coach or School Representative Signature | Date | | | | | |

Jeff-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 GEEEN 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 \(\square\) 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 Approval of Site Based Council Representative **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 | SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP JERIANN WHITE | | | | | |
|---|---|----------------------|--|--|--|--|
| TYPE OF TRIP (CHECK ONE): TCC | | | | | | |
| ORGANIZATION REQUESTING THE T | 'RIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: | DANCE | | | | |
| December 2 | Day of Carro or | | | | | |
| DESTINATIONDAVIESS COUNTY HIGH SCHOOL | | | | | | |
| ADDRESS 4255 NEW HARTFORD RD., OWENSBORO | | | | | | |
| ☐ Overnight; give name, address | , phone of lodging | | | | | |
| DATE(S) OF TRIP 11/9/25 DEI | PARTURE TIME TBA RETURN TIME | <u>TBA</u> | | | | |
| 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 A | AN INABILITY TO PAY. | | | | |
| NUMBER OF: STUDENTS10 | FACULTY SPONSORS 2 TOTAL # OF PAI | RTICIPANTS 12 | | | | |
| EAP: Person contacted at venue to dis | scuss EAP: <u>David Sandifer</u> Person making | contact: Mike Smith | | | | |
| Is there an Automated External Defibri | llator (AED) on site: 🛘 Yes 🗖 No If yes, where: | On site | | | | |
| | sponse Team: Yes D No If yes, how are they contain | | | | | |
| School Employee(s) Attending Trip (Pi | ease note beside name if employee is CPR trained): Co | aches | | | | |
| (Please use separate sheet and attach to this | form if more space is needed to list school employees attendi | ng). | | | | |
| ON STONE 1 |) (| 116/28 | | | | |
| Signature of Faculty Sponsor | Date | 1100 | | | | |
| Approval of Site Based Council Re | presentative Au | Date 10 - 16 - 25 | | | | |
| | | | | | | |
| Santian 2 | District Use Only | | | | | |
| Section 2 | | Data | | | | |
| Approval of District Representative | - | Date | | | | |
| | | | | | | |
| DRIVER: 'Section 3 | TURN THIS FORM IN WITH TIMESHEETS | | | | | |
| Date/Time Departure: | Odometer Start: | | | | | |
| | Odometer End: | | | | | |
| I hereby certify that the above infor | mation is correct to the best of my knowledge. | | | | | |
| Driver Signature | | Date | | | | |
| Driver Comments: | | | | | | |
| Coach or School Representative Sig | enature | Date | | | | |
| F | | | | | | |

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 TCCHS ATHLETICS SOURCE OF FUNDING FOR TRIP 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). Signature of Faculty Sponsor Approval of Site Based Council Representative **District Use Only Section 2** Approval of District Representative 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 _____