

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

SUBMIT THIS FORM [ ] ONE WEEK [ ] TWO WEEKS [X] OTHER, SPECIFY 5 wks [ ] OR TO THE TRIP.

SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP Diane Towe

TYPE OF TRIP (CHECK ONE):

- [ ] Classroom Field Trip [ ] Class Trip (i.e., junior, senior), specify
[ ] Organization/Club Trip, specify [X] Other (athletic, band, if applicable) Cheer comp.

DESTINATION AMCE @ French Lick ADDRESS French Lick, IN PHONE

- [X] Out of State [ ] Out of County [ ] Within County
[X] Overnight; give name, address, phone of lodging Please see attached

DATE(S) OF TRIP 3/27 - 3/29 DEPARTURE TIME 3/27 - 4:30 PM RETURN TIME 3/29 - 7:00 pm

PURPOSE/EDUCATIONAL VALUE 2 cheer competitions

SOURCE OF FUNDING FOR TRIP Booster club + board account for bus

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: [ ] SPONSORING ORGANIZATION [ ] SCHOOL COUNCIL [X] BOARD [ ] OTHER, SPECIFY

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 1 OTHER CHAPERONES
TOTAL # OF PARTICIPANTS 23

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? [ ] NO [X] YES, SEE PROCEDURE 09.36 AP.212.
[ ] CERTIFICATED COMMON CARRIER; SPECIFY
[ ] PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? [X] Yes [ ] No

Person contacted at venue to discuss EAP: Jasmine Richardson Person making contact:

Is there an Automated External Defibrillator (AED) on site: [X] Yes [ ] No If yes, where:

Does the venue have an Emergency Response Team: [X] Yes [ ] No If yes, how are they contacted:

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

Diane Towe - CPR

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

Diane Towe Signature of Faculty Sponsor

2/3/20 Date

Trip has been [X] approved [ ] disapproved. Reason for disapproval

Signature of Superintendent/Designee

2/4/20 Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Review/Revised: 9/18/2023

\*257440

**ACSHS CHEER  
FRENCH LICK ITINERARY  
MARCH 27-29**

Friday, March 27th:

- \*Leave from the ACS Athletic Complex at 4:30.
- \*Stop about 1.5 hours into the trip (about halfway) for a restroom break.  
*The location will be at the driver's discretion.*
- \*Arrive in French Lick and go to a fast food restaurant.
- \*Go to the hotel and check in for the night.

Saturday, March 28th:

- \*Breakfast at hotel (free)
- \*Meet at 8:00am (location TBD) and head to cheer competition
- \*8:00-1:00 GMCE cheer competition
- \*After awards head back to rooms.
- \*Meet at 3:15 to head to the bus.
- \*Leave for Paoli Rock and Bowl Family Center
- \*Bowl/Games from 4:00-6:00pm.
- \*Return to French Lick to Chicago's Pizza for dinner
- \*After dinner return to hotel for the night.

Sunday, March 29th:

- \*Breakfast at hotel (free)
- \*Meet at 8:00am (location TBD) and head to cheer competition
- \*After competing cheerleaders may return to rooms with parents to send/get luggage only. Load the bus with cheer gear. Stay in uniform and return to competition.
- \*12:30 Session 1 Awards
- \*After awards, we will go eat at Miguel's Mexican Restaurant.
- \*Travel home
- \*Stop about 1.5 hours for a restroom break if needed. Location is at driver's discretion.
- \*Return to ACS Athletic Complex

# 2026 ACSHS Cheer Competitions

## **March 28th**-GMCE

Location: French Lick Resort  
8670 West State Road 56  
French Lick, IN 47432

## **March 29th**-The WAVE

Location: French Lick Resort  
8670 West State Road 56  
French Lick, IN 47432

\*Leave on Friday, March 27th at 4:30pm

\*Return on Sunday, March 29th 7:00pm

**LODGING:** Expense covered by ACS CPO \$168/room/night

Best Western

613 S Arnold F Habig Blvd

French Lick, IN 47432

(812) 936-0520

**MEALS:** Hotel has free breakfast. The booster club will pay for one meal and one fun activity (bowling games at bowling center). The booster club will also provide bags of snacks, water or gatorade for each room.\*\*We will stop at Chic-fil-A in E-town on Friday, March 27th.

**REGISTRATION:** Both of the competitions' registrations will be covered by the booster club.

GMCE-\$1,800

The WAVE-\$1606.80.