

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP: Dipasquale

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

Organization requesting the Trip / Organization responsible for Payment: TCMS Board

DESTINATION: Van Meter, WKU ADDRESS: WKU, Bowling Green, Ky

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP: 3/26/24 DEPARTURE TIME 8:00 AM RETURN TIME 2:00 PM

SOURCE OF FUNDING FOR TRIP: School

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

NUMBER OF: STUDENTS 55 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS \_\_\_\_\_

EAP: Person contacted at venue to discuss EAP: \_\_\_\_\_ Person making contact: Dipasquale

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911

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

Heather Dipasquale

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

Signature of Faculty Sponsor \_\_\_\_\_ Date \_\_\_\_\_  
Approval of Site Based Council Representative [Signature] Date 2/23/24

**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 TCMS FACULTY MEMBER(S) SPONSORING TRIP: Dipasquale

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

Organization requesting the Trip / Organization responsible for Payment: TCMS

DESTINATION: Van Meter, WKU ADDRESS: WKU, Bowling Green

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP: 3/25/26 DEPARTURE TIME 8:00 AM RETURN TIME 2:30 PM

SOURCE OF FUNDING FOR TRIP: TCMS

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

NUMBER OF: STUDENTS 35 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 36

EAP: Person contacted at venue to discuss EAP: \_\_\_\_\_ Person making contact: Dipasquale

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911

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

Heather Dipasquale

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

Signature of Faculty Sponsor \_\_\_\_\_ Date \_\_\_\_\_  
Approval of Site Based Council Representative [Signature] Date 2/23/26

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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**Section 3**

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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 TCMS FACULTY MEMBER(S) SPONSORING TRIP :

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS

DESTINATION: Logan County Ext Office ADDRESS: 255 John Paul Rd. Russellville, Ky

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP: 3/18/20 DEPARTURE TIME 10:50 AM RETURN TIME 2:30 PM

SOURCE OF FUNDING FOR TRIP: TCMS

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

NUMBER OF: STUDENTS 130 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 137

EAP: Person contacted at venue to discuss EAP: \_\_\_\_\_ Person making contact: Polly Steenburgen/Ellie Blanceff

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911

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

Ellie Blanceff, Kelli Stsemak,  
Shawna Fowler, Evan Cantarelli  
Kim Stevenson, Leanne Russell

Mary Skipworth

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

[Signature]  
Signature of Faculty Sponsor

2/23/20  
Date

Approval of Site Based Council Representative [Signature] Date 2/23/20

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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Date/Time Return: \_\_\_\_\_ Odometer End: \_\_\_\_\_

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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 \_\_\_\_\_

FACULTY MEMBER(S) SPONSORING TRIP \_\_\_\_\_

TYPE OF TRIP (CHECK ONE): \_\_\_\_\_

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: \_\_\_\_\_

DESTINATION LAMPKEN PARK - CORR FIELD

ADDRESS 938 MORGANTOWN RD BOWLING GREEN, KY 42102

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 3/23 DEPARTURE TIME 4:15 PM RETURN TIME 10:30 PM

DEPARTURE LOCATION: TCMS COACH CONTACT # 931-561-7785

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 21 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: BUSINESS ADMIN Person making contact: YORKO

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911

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]  
Signature of Faculty Sponsor

2/26/26  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

**Section 2**

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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 / TCM S FACULTY MEMBER(S) SPONSORING TRIP CW3 FAGAN

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: JROTC  
DESTINATION FT. Campbell ADDRESS 2702 Michigan Ave, Ft. Campbell

Overnight; give name, address, phone of lodging 42223

DATE(S) OF TRIP 14 May 2026 DEPARTURE TIME 0800 RETURN TIME 1400

SOURCE OF FUNDING FOR TRIP JROTC

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

NUMBER OF: STUDENTS 35 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 36

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

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: \_\_\_\_\_

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

CW3 FAGAN (CPR)

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

\_\_\_\_\_  
*Signature of Faculty Sponsor* Date \_\_\_\_\_  
Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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Date/Time Return: \_\_\_\_\_ Odometer End: \_\_\_\_\_

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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/TCMS FACULTY MEMBER(S) SPONSORING TRIP CW3 FAGAN

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

Organization requesting the Trip / Organization responsible for Payment: JROTC

DESTINATION Lucas Oil Stadium ADDRESS 500 S Capital Ave, Indianapolis

Overnight; give name, address, phone of lodging Camp Atterbury

DATE(S) OF TRIP 10-11 Mar 2026 DEPARTURE TIME 1200 CDT RETURN TIME 3pm EST

SOURCE OF FUNDING FOR TRIP JROTC

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

NUMBER OF: STUDENTS 40 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 44

EAP: Person contacted at venue to discuss EAP: Tiffany Nguyen Person making contact: CW3 Fagan

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: \_\_\_\_\_

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):  
CW3 Fagan CPR cert

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

\_\_\_\_\_  
*Signature of Faculty Sponsor* Date \_\_\_\_\_  
Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

**Section 2**  
Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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Date/Time Return: \_\_\_\_\_ Odometer End: \_\_\_\_\_

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Driver Signature \_\_\_\_\_ Date \_\_\_\_\_  
Driver Comments: \_\_\_\_\_

Coach or School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

STUDENTS

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP CW3 FAGAN

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: JROTC  
DESTINATION TCHS Annex ADDRESS 806 S Main St., Elkton  
 Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 31 Mar 2026 DEPARTURE TIME 0810 RETURN TIME 1400  
SOURCE OF FUNDING FOR TRIP JROTC

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 21

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

Is there an Automated External Defibrillator (AED) on site:  Yes  No If yes, where: \_\_\_\_\_  
Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: \_\_\_\_\_

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):  
CW3 FAGAN (CPR) \_\_\_\_\_  
\_\_\_\_\_

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

[Signature] 23 Feb 26  
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

Section 2  
Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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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

FACULTY MEMBER(S) SPONSORING TRIP

TYPE OF TRIP (CHECK ONE):

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION WEBSTER COUNTY HIGH

ADDRESS 1922 US-41 ALT, DIXON, KY 42409

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 3/12/26 DEPARTURE TIME 4:15 PM RETURN TIME 9:30 PM

DEPARTURE LOCATION: TCMS COACH CONTACT # 931-278-5191

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 24

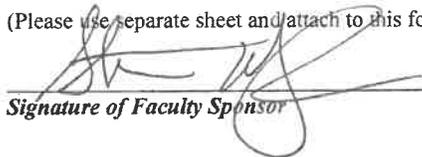
EAP: Person contacted at venue to discuss EAP: ZACHARY LA BRONER Person making contact: Tony CARACCIOLO

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911

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

2/20/26  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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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 \_\_\_\_\_

FACULTY MEMBER(S) SPONSORING TRIP \_\_\_\_\_

TYPE OF TRIP (CHECK ONE): \_\_\_\_\_

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: \_\_\_\_\_

DESTINATION UHA

ADDRESS 1300 ACADEMY DRIVE, HOPKINSVILLE, KY 42240

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 3/21/26 DEPARTURE TIME TBA RETURN TIME TBA

DEPARTURE LOCATION: TCMS COACH CONTACT # 931-278-5191

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 24

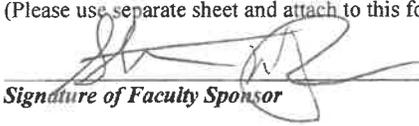
EAP: Person contacted at venue to discuss EAP: TAYLOR SPARKS Person making contact: TONY LARACCIOLLO

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911

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

2/20/26  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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**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

FACULTY MEMBER(S) SPONSORING TRIP

TYPE OF TRIP (CHECK ONE):

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION Russellville High School

ADDRESS 1101 W. 9<sup>th</sup> Street, Russellville, KY 42726

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 3/23/26 DEPARTURE TIME 4:30 PM RETURN TIME 7:30 PM

DEPARTURE LOCATION: TIMS COACH CONTACT # 931-278-5191

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 24

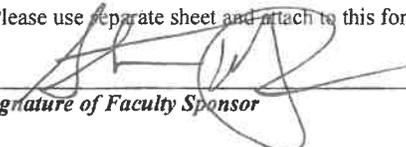
EAP: Person contacted at venue to discuss EAP: Jeremy Rust Person making contact: Tony Caracciolo

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911

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 \_\_\_\_\_

2/20/26  
Date \_\_\_\_\_

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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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

FACULTY MEMBER(S) SPONSORING TRIP

TYPE OF TRIP (CHECK ONE):

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION STADIUM OF CHAMPIONS

ADDRESS 9503 EAGLE WAY, HOPKINSVILLE, KY 42240

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 4/2/26 DEPARTURE TIME 4:30 PM RETURN TIME 9:00 PM

DEPARTURE LOCATION: TCMS COACH CONTACT # 931-278-5191

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Jacob Egan Person making contact: Tony Caracciolo

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911

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]  
Signature of Faculty Sponsor

2/20/26  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver Comments:

Coach or School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

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

SCHOOL \_\_\_\_\_ FACULTY MEMBER(S) SPONSORING TRIP \_\_\_\_\_

TYPE OF TRIP (CHECK ONE):

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION UHA

ADDRESS 1300 ACADEMY DRIVE, HOPKINSVILLE, KY 42240

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 4/21/26 DEPARTURE TIME 4:30 PM RETURN TIME 9:00 PM

DEPARTURE LOCATION: TCMS COACH CONTACT # 931-278-5191

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: TAYLOR SPARKS Person making contact: TONY CASARACCIOLLO

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

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

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

2/20/26  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

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Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver Comments:

Coach or School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

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

SCHOOL \_\_\_\_\_ FACULTY MEMBER(S) SPONSORING TRIP \_\_\_\_\_

TYPE OF TRIP (CHECK ONE):

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION UHA

ADDRESS 1300 ACADEMY DRANG, HOPKENSVILLE, KY 42240

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 3/21/26 DEPARTURE TIME 8:30 RETURN TIME TBA

DEPARTURE LOCATION: TOMS COACH CONTACT # 270-484-1310

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: TAYLOR SPARKS Person making contact: WILL DEAR

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911

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]  
Signature of Faculty Sponsor

2/20/26  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

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Driver Comments:

Coach or School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

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

SCHOOL \_\_\_\_\_ FACULTY MEMBER(S) SPONSORING TRIP \_\_\_\_\_

TYPE OF TRIP (CHECK ONE):

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION RUSSELLVILLE HIGH SCHOOL

ADDRESS 1101 W. 9TH ST, RUSSELLVILLE, KY 42726

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 3/24/26 DEPARTURE TIME 5:15 PM RETURN TIME 10:00 PM

DEPARTURE LOCATION: TOMS COACH CONTACT # 270-484-1310

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

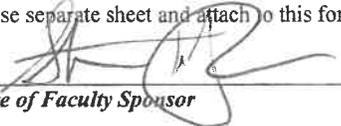
EAP: Person contacted at venue to discuss EAP: JEREMY RUST Person making contact: WILL DEAL

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911

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

2/20/24  
\_\_\_\_\_  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

**DRIVER: TURN THIS FORM IN WITH TIMESHEETS**

**Section 3**

Date/Time Departure: \_\_\_\_\_ Odometer Start: \_\_\_\_\_

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 \_\_\_\_\_

FACULTY MEMBER(S) SPONSORING TRIP \_\_\_\_\_

TYPE OF TRIP (CHECK ONE): \_\_\_\_\_

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: \_\_\_\_\_

DESTINATION STADIUM OF CHAMPIONS

ADDRESS 9503 EAGLE WAY, HOPKINSVILLE, KY 42240

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 4/2/26 DEPARTURE TIME 5:15 PM RETURN TIME 10:00 PM

DEPARTURE LOCATION: TCMS COACH CONTACT # 270-484-1310

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: JACOB EREW Person making contact: WILL DEAL

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911

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]  
Signature of Faculty Sponsor

2/20/26  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

**DRIVER: TURN THIS FORM IN WITH TIMESHEETS**

**Section 3**

Date/Time Departure: \_\_\_\_\_ Odometer Start: \_\_\_\_\_

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 \_\_\_\_\_ FACULTY MEMBER(S) SPONSORING TRIP \_\_\_\_\_

TYPE OF TRIP (CHECK ONE):

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION UHA

ADDRESS 1300 ACADEMY DRIVE, HOPKINSVILLE, KY 42240

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 4/21/26 DEPARTURE TIME 5:15 PM RETURN TIME 10:00 PM

DEPARTURE LOCATION: TCMS COACH CONTACT # 270-484-1310

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: TAYLOR SPARKS Person making contact: WILL DEAL

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911

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]  
Signature of Faculty Sponsor

2/20/26  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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**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 \_\_\_\_\_

FACULTY MEMBER(S) SPONSORING TRIP \_\_\_\_\_

TYPE OF TRIP (CHECK ONE): \_\_\_\_\_

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: \_\_\_\_\_

DESTINATION TRIGA COUNTY PARK

ADDRESS 789 COMPLEX RD CADIZ, KY 42211

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 3/13 DEPARTURE TIME 4:00 PM RETURN TIME 10:30 AM

DEPARTURE LOCATION: TCMS COACH CONTACT # 931-561-7785

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 21 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 23

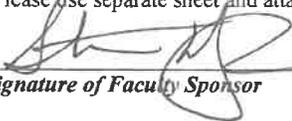
EAP: Person contacted at venue to discuss EAP: GREG STEPHENS Person making contact: McGhee

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911

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

2/19/20  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

**DRIVER: TURN THIS FORM IN WITH TIMESHEETS**

**Section 3**

Date/Time Departure: \_\_\_\_\_ Odometer Start: \_\_\_\_\_

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

FACULTY MEMBER(S) SPONSORING TRIP

TYPE OF TRIP (CHECK ONE):

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION Russellville High School

ADDRESS 1101 W 9th St Russellville, KY 42726

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 3/19 DEPARTURE TIME 4:15 PM RETURN TIME 9:00 PM

DEPARTURE LOCATION: TCMS COACH CONTACT # 931-561-7785

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 21 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: RYAN DAVENPORT Person making contact: McGHEE

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911

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]  
Signature of Faculty Sponsor

2/19/26  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

**DRIVER: TURN THIS FORM IN WITH TIMESHEETS**

**Section 3**

Date/Time Departure: \_\_\_\_\_ Odometer Start: \_\_\_\_\_  
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 \_\_\_\_\_

FACULTY MEMBER(S) SPONSORING TRIP \_\_\_\_\_

TYPE OF TRIP (CHECK ONE): \_\_\_\_\_

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: \_\_\_\_\_

DESTINATION PANTHER CREEK PARK

ADDRESS 5160 WAYNE BRIDGE ROAD, OWENSBORO, KY 42301

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 4/2 DEPARTURE TIME 2:15 PM RETURN TIME 11:30 PM

DEPARTURE LOCATION: TOMS COACH CONTACT # 931-561-7785

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 21 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 23

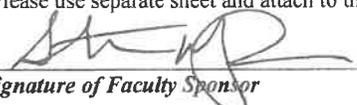
EAP: Person contacted at venue to discuss EAP: Owensboro Coach Person making contact: McGhee

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911

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 \_\_\_\_\_

2/19/20  
Date \_\_\_\_\_

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

**DRIVER: TURN THIS FORM IN WITH TIMESHEETS**

**Section 3**

Date/Time Departure: \_\_\_\_\_ Odometer Start: \_\_\_\_\_  
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

FACULTY MEMBER(S) SPONSORING TRIP

TYPE OF TRIP (CHECK ONE):

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION LOGAN COUNTY HIGH SCHOOL

ADDRESS 2200 BOWLING GREEN RD, RUSSELLVILLE, KY 42726

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 4/16 DEPARTURE TIME 4:15 PM RETURN TIME 10:00 PM

DEPARTURE LOCATION: TCMS COACH CONTACT # 931-561-7785

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 21 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 23

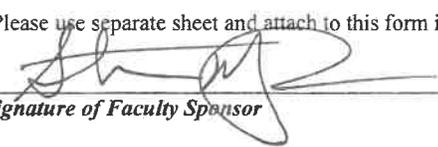
EAP: Person contacted at venue to discuss EAP: TODD ADLER Person making contact: MUGHES

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911

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

2/19/26  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

**DRIVER: TURN THIS FORM IN WITH TIMESHEETS**

**Section 3**

Date/Time Departure: \_\_\_\_\_ Odometer Start: \_\_\_\_\_

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 \_\_\_\_\_ FACULTY MEMBER(S) SPONSORING TRIP \_\_\_\_\_

TYPE OF TRIP (CHECK ONE):

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION HOPKINS COUNTY CENTRAL HIGH SCHOOL

ADDRESS 6625 HOPKINSVILLE RD, MADISONVILLE, KY 42431

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 4/25 DEPARTURE TIME 8:15 AM RETURN TIME 3:00 PM

DEPARTURE LOCATION: TOMS COACH CONTACT # 931-561-7785

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 21 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: AUSTIN STARKS Person making contact: McGhee

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911

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]  
Signature of Faculty Sponsor

2/19/26  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

**DRIVER: TURN THIS FORM IN WITH TIMESHEETS**

**Section 3**

Date/Time Departure: \_\_\_\_\_ Odometer Start: \_\_\_\_\_

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

FACULTY MEMBER(S) SPONSORING TRIP

TYPE OF TRIP (CHECK ONE):

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION FRANKLIN - SIMPSON HIGH SCHOOL

ADDRESS 400 S. COLLEGE ST, FRANKLIN, KY 42134

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 4/30 DEPARTURE TIME 4:15 PM RETURN TIME 10:30 PM

DEPARTURE LOCATION: TCMS COACH CONTACT # 931-561-7785

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 21 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 23

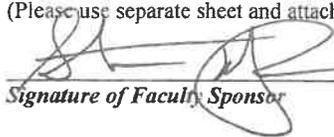
EAP: Person contacted at venue to discuss EAP: WELKETT Person making contact: MCGHEE

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911

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

2/19/20

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

**DRIVER: TURN THIS FORM IN WITH TIMESHEETS**

**Section 3**

Date/Time Departure: \_\_\_\_\_ Odometer Start: \_\_\_\_\_

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 \_\_\_\_\_ FACULTY MEMBER(S) SPONSORING TRIP \_\_\_\_\_

TYPE OF TRIP (CHECK ONE):

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION RIVERSIDE PARK

ADDRESS 901 W. ARCADEA AVE, DAWSON SPRUNG, KY 42408

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 5/4 DEPARTURE TIME 4:15 PM RETURN TIME 10:30 PM

DEPARTURE LOCATION: TCMS COACH CONTACT # 931-561-7785

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 21 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 23

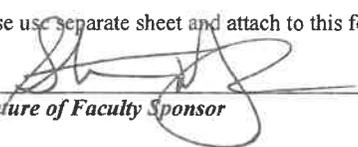
EAP: Person contacted at venue to discuss EAP: COACH Person making contact: McGHEE

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911

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

2/18/21  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

**DRIVER: TURN THIS FORM IN WITH TIMESHEETS**

**Section 3**

Date/Time Departure: \_\_\_\_\_ Odometer Start: \_\_\_\_\_

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 \_\_\_\_\_