

self-transport

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

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

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

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

DESTINATION THE PARK VISTA

ADDRESS 705 CHEROKEE ORCHARD RD., GATLINBURG, TN

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

DATE(S) OF TRIP 6/7-10/26 DEPARTURE TIME TBA RETURN TIME TBA

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

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

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

EAP: Person contacted at venue to discuss EAP: Ashley Creasey 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).

Val Ryan  
Signature of Faculty Sponsor

4/13/26  
Date

Approval of Site Based Council Representative [Signature] Date 4-13-26

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