

STUDENTS 09.36 AP.21

SCHOOL RELATED STUDENT TRIP REQUEST FORM & EVENT SPECIFIC EMERGENCY ACTION PLAN
(EAP)

SCHOOL

FACULTY MEMBER(S) SPONSORING TRIP Quashawn Quarles; Shyla Berry

TYPE OF TRIP (CHECK ONE): Educational/State Fair

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION : Louisville, KY ; KY Expo Center

DATE(S) OF TRIP: August 10-21, 2026

DEPARTURE TIME 7AM 9/10

RETURN TIME: 5PM 9/21

SOURCE OF FUNDING FOR TRIP : Perkins

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

NUMBER OF: STUDENTS 36 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 32

EAP: Person contacted at venue to discuss

EAP: Person making contact:

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

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: Expo officers / Louisville PD

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

Quashawn Quarles; Shyla Berry

(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

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start:

Date/Time Return: _____ Odometer End:

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

Driver Signature _____ Date

Driver Comments:

Coach or School Representative Signature _____ Date

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **GEORGE RIDDICK**

TYPE OF TRIP (CHECK ONE): **TCCHS 7x7 FOOTBALL CAMPS**

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

DESTINATION **MUHLENBERG COUNTY HIGH SCHOOL**

ADDRESS **501 ROBERT DRAPER WAY., GREENVILLE**

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

DATE(S) OF TRIP **7/18/26** DEPARTURE TIME **4:15 PM** RETURN TIME **10:45 PM**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(270) 305-2782**

SOURCE OF FUNDING FOR TRIP **TCCHS FOOTBALL**

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

NUMBER OF: STUDENTS **30** FACULTY SPONSORS **7** TOTAL # OF PARTICIPANTS **37**

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

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

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

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

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

Walt Rogers
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative *[Signature]*

Date **7-9-26**

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **GEORGE RIDDICK**

TYPE OF TRIP (CHECK ONE): **TCCHS 7x7 FOOTBALL CAMPS**

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

DESTINATION **WARREN CENTRAL HIGH SCHOOL**

ADDRESS **559 MORGANTOWN RD., BOWLING GREEN**

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

DATE(S) OF TRIP **7/20/26** DEPARTURE TIME **4:15 PM** RETURN TIME **11:30 PM**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(270) 305-2782**

SOURCE OF FUNDING FOR TRIP **TCCHS FOOTBALL**

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

NUMBER OF: STUDENTS **30** FACULTY SPONSORS **7** TOTAL # OF PARTICIPANTS **37**

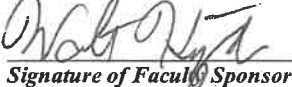
EAP: Person contacted at venue to discuss EAP: **Anja Shelton** Person making contact: **Mike Smith**

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

7/9/26
Date

Approval of Site Based Council Representative 

Date **7-9-26**

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **GEORGE RIDDICK**

TYPE OF TRIP (CHECK ONE): **TCCHS 7X7 FOOTBALL CAMPS**

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

DESTINATION **MUHLENBERG COUNTY HIGH SCHOOL**

ADDRESS **501 ROBERT DRAPER WAY., GREENVILLE**

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

DATE(S) OF TRIP **7/23/26** DEPARTURE TIME **4:30 PM** RETURN TIME **10:45 PM**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(270) 305-2782**

SOURCE OF FUNDING FOR TRIP **TCCHS FOOTBALL**

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

NUMBER OF: STUDENTS **30** FACULTY SPONSORS **7** TOTAL # OF PARTICIPANTS **37**

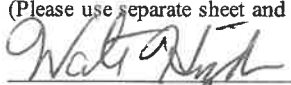
EAP: Person contacted at venue to discuss EAP: **Brad Rogles** Person making contact: **Mike Smith**

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

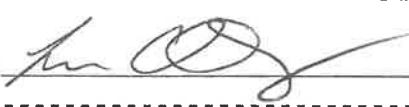
Does the venue have an Emergency Response Team: ☐ Yes ☒ No If yes, how are they contacted: **On site**

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

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


Signature of Faculty Sponsor

7/19/26
Date

Approval of Site Based Council Representative  Date **7-9-26**

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 _____

se/f-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 **BRAD RAGER**

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

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

DESTINATION **PARK MAMMOTH GOLF COURSE**

ADDRESS **823 BALD KNOB RD., PARK CITY**

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

DATE(S) OF TRIP **7/20/26** DEPARTURE TIME **2:00 P.M.** RETURN TIME **10:00 P.M.**

DEPARTURE LOCATION: **TCCHS** COACH CONTACT # **(270) 604-0172**

SOURCE OF FUNDING FOR TRIP **TCCHS ATHLETICS**

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

NUMBER OF: STUDENTS **8** FACULTY SPONSORS **2** TOTAL # OF PARTICIPANTS **10**

EAP: Person contacted at venue to discuss EAP: **???** 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

7/9/26
Date

Approval of Site Based Council Representative  Date **7-10-26**

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 _____

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 BRAD RAGER

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: GOLF

DESTINATION ROLLING HILLS GOLF COURSE

ADDRESS 1600 PINE DR., RUSSELLVILLE

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

DATE(S) OF TRIP 7/23/26 DEPARTURE TIME 3:30 P.M. RETURN TIME 9:30 P.M.

DEPARTURE LOCATION: TCCHS COACH CONTACT # (270) 604-0172

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 8 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 10

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

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

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

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

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

Walter Rager
Signature of Faculty Sponsor

7/19/26
Date

Approval of Site Based Council Representative an

Date 7-10-26

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 _____

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 **TONY CARACCIOLO**

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

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

DESTINATION **VARIOUS LOCATIONS (BLUEGRASS GAMES)**

ADDRESS **LEXINGTON**

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

DATE(S) OF TRIP **7/24-26/26** DEPARTURE TIME **TBA** RETURN TIME **TBA**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(931) 278-5191**

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 **2** TOTAL # OF PARTICIPANTS **22**

EAP: Person contacted at venue to discuss EAP: **Kyle Childers** 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

7/9/26
Date

Approval of Site Based Council Representative 

Date **7-10-26**

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 _____

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 MIKE SMITH

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

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

DESTINATION VARIOUS LOCATIONS (BLUEGRASS GAMES)

ADDRESS LEXINGTON

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

DATE(S) OF TRIP 7/24-26/26 DEPARTURE TIME TBA RETURN TIME TBA

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (270) 604-4982

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 2 TOTAL # OF PARTICIPANTS 22

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

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

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

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

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

Walt Nye
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative

[Signature] Date 7-10-26

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 _____

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 **BRAD RAGER**

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

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

DESTINATION **WESTERN HILLS GOLF COURSE**

ADDRESS **2160 RUSSELLVILLE RD., HOPKINSVILLE**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **7/24/26** DEPARTURE TIME **3:30 P.M.** RETURN TIME **9:00 P.M.**

DEPARTURE LOCATION: **TCCHS** COACH CONTACT # **(270) 604-0172**

SOURCE OF FUNDING FOR TRIP **TCCHS ATHLETICS**

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

NUMBER OF: STUDENTS **8** FACULTY SPONSORS **2** TOTAL # OF PARTICIPANTS **10**

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

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

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

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

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

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date **7-10-26**

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 _____

self-transport

STUDENTS

09.36 AP.21

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

SCHOOL TCHS

FACULTY MEMBER(S) SPONSORING TRIP BRAD RAGER

TYPE OF TRIP (CHECK ONE): TCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: GOLF

DESTINATION HOPKINSVILLE COUNTRY CLUB

ADDRESS 303 COUNTRY CLUB LN., HOPKINSVILLE

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

DATE(S) OF TRIP 7/28/26 DEPARTURE TIME 3:30 P.M. RETURN TIME 9:00 P.M.

DEPARTURE LOCATION: TCHS COACH CONTACT # (270) 604-0172

SOURCE OF FUNDING FOR TRIP TCHS ATHLETICS

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

NUMBER OF: STUDENTS 8 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 10

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

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

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

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

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

Walt Rager
Signature of Faculty Sponsor

7/8/26
Date

Approval of Site Based Council Representative [Signature]

Date 7-10-26

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 _____

Self transport

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

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

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

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

DESTINATION **VARIOUS LOCATIONS (BLUEGRASS GAMES)**

ADDRESS **LEXINGTON**

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

DATE(S) OF TRIP **7/31-8/2/26** 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**

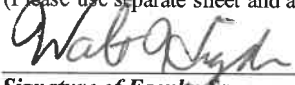
EAP: Person contacted at venue to discuss EAP: **Kyle Childers** Person making contact: **Mike Smith**

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

7/9/26
Date

Approval of Site Based Council Representative  Date **7-10-26**

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 _____

se / f - 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 BRAD RAGER

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: GOLF

DESTINATION KENNY PERRY'S COUNTRY CREEK GOLF COURSE

ADDRESS 1075 KENNY PERRY DR., FRANKLIN

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

DATE(S) OF TRIP 7/31/26 DEPARTURE TIME 3:00 P.M. RETURN TIME 10:00 P.M.

DEPARTURE LOCATION: TCCHS COACH CONTACT # (270) 604-0172

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 8 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 10

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

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

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

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

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

Walt Rager
Signature of Faculty Sponsor

7/19/26
Date

Approval of Site Based Council Representative [Signature]

Date 7-10-26

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **MIKE SMITH**

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

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

DESTINATION **UNIVERSITY HEIGHTS ACADEMY**

ADDRESS **1300 ACADEMY DR., HOPKINSVILLE**

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

DATE(S) OF TRIP **8/4/26** DEPARTURE TIME **4:00 P.M.** RETURN TIME **9:30 P.M.**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(270) 604-4982**

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 **2** TOTAL # OF PARTICIPANTS **22**

EAP: Person contacted at venue to discuss EAP: **Taylor Sparks** 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

7/9/26
Date

Approval of Site Based Council Representative 

Date **7-10-26**

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 _____

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 BRAD RAGER

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: GOLF

DESTINATION BOWLING GREEN COUNTRY CLUB

ADDRESS 251 BEECH BEND RD., BOWLING GREEN

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

DATE(S) OF TRIP 8/4/26 DEPARTURE TIME 3:00 P.M. RETURN TIME 10:00 P.M.

DEPARTURE LOCATION: TCCHS COACH CONTACT # (270) 604-0172

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 8 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 10

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

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

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

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

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

Walter Smith
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative

7-10-26
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 _____

self-transport

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

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

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

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

DESTINATION **BUCHANON PARK**

ADDRESS **9222 NASHVILLE RD., BOWLING GREEN**

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

DATE(S) OF TRIP **8/8/26** 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: **???** Person making contact: **Mike Smith**

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

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

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

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

Walt Wagoner
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative *[Signature]* Date **7-10-26**

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **MIKE SMITH**

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

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

DESTINATION **FRYAR STADIUM (FORT CAMPBELL)**

ADDRESS **TENNESSEE AVE., FORT CAMPBELL**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **8/11/26** DEPARTURE TIME **4:00 P.M.** RETURN TIME **9:30 P.M.**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(270) 604-4982**

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 **2** TOTAL # OF PARTICIPANTS **22**

EAP: Person contacted at venue to discuss EAP: **Austin Byrum** Person making contact: **Mike Smith**

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

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

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

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

Walt Byrum
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative *[Signature]*

Date **7-10-26**

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **MIKE SMITH**

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

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

DESTINATION **EDMONSON COUNTY HIGH SCHOOL**

ADDRESS **220 WILDCAT WAY, BROWNSVILLE**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **8/15/26** DEPARTURE TIME **TBA** RETURN TIME **TBA**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(270) 604-4982**

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 **2** TOTAL # OF PARTICIPANTS **22**

EAP: Person contacted at venue to discuss EAP: **Kyle Pierce** Person making contact: **Mike Smith**

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

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

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

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

Walt Pierce
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative

[Signature] Date **7-10-26**

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **TONY CARACCILO**

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

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

DESTINATION ALLEN COUNTY-SCOTTSVILLE PRIMARY CENTER

ADDRESS 721 NEW GALLATIN RD., SCOTTSVILLE

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

DATE(S) OF TRIP 8/15/26 DEPARTURE TIME 7:15 A.M. RETURN TIME 3:00 P.M.

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (931) 278-5191

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 2 TOTAL # OF PARTICIPANTS 22

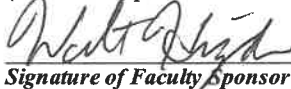
EAP: Person contacted at venue to discuss EAP: Brad Hood Person making contact: Mike Smith

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

7/9/26
Date

Approval of Site Based Council Representative 

Date 7-10-26

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 _____

Self-transport

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

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

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

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

DESTINATION **MUHLENBERG COUNTY HIGH SCHOOL**

ADDRESS **501 ROBERT DRAPER WAY, GREENVILLE**

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

DATE(S) OF TRIP **8/17/26** DEPARTURE TIME **4:00 P.M.** RETURN TIME **9:30 P.M.**

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 **2** TOTAL # OF PARTICIPANTS **22**

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

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

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

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

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

Walt Wagoner
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative *[Signature]* Date **7-10-26**

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP MIKE SMITH

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

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

DESTINATION SIMPSON ELEMENTARY SCHOOL

ADDRESS 721 WITT RD., FRANKLIN

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

DATE(S) OF TRIP 8/18/26 DEPARTURE TIME 4:00 P.M. RETURN TIME 10:00 P.M.

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (270) 604-4982

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 2 TOTAL # OF PARTICIPANTS 22

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

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

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

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

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

Matthew Wilhite
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative [Signature]

Date 7-10-26

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **TONY CARACCILO**

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

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

DESTINATION **MUHLENBERG COUNTY HIGH SCHOOL**

ADDRESS **501 ROBERT DRAPER WAY, GREENVILLE**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **8/18/26** DEPARTURE TIME **4:00 P.M.** RETURN TIME **9:30 P.M.**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(931) 278-5191**

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 **2** TOTAL # OF PARTICIPANTS **22**

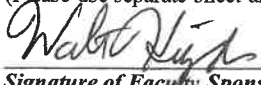
EAP: Person contacted at venue to discuss EAP: **Brad Rogles** Person making contact: **Mike Smith**

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

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

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

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


Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative  Date **7-10-26**

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **TONY CARACCILO**

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

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

DESTINATION **HOPKINS COUNTY CENTRAL HIGH SCHOOL**

ADDRESS **6625 HOPKINSVILLE RD., MADISONVILLE**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **8/20/26** DEPARTURE TIME **3:45 P.M.** RETURN TIME **10:00 P.M.**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(931) 278-5191**

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 **2** TOTAL # OF PARTICIPANTS **22**

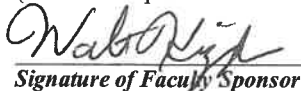
EAP: Person contacted at venue to discuss EAP: **Matthew Wilder** Person making contact: **Mike Smith**

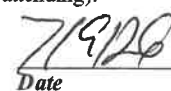
Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: **On site**

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

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

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


Signature of Faculty Sponsor


Date

Approval of Site Based Council Representative  Date **7-10-26**

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 _____

self-transport

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

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

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

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

DESTINATION **THE BRUCE (SPORTSPLEX)**

ADDRESS **303 CONFERENCE CENTER DR., HOPKINSVILLE**

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

DATE(S) OF TRIP **8/21-22/26** 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**

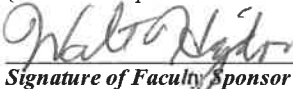
EAP: Person contacted at venue to discuss EAP: **Jacob Ezell** Person making contact: **Mike Smith**

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

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

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

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


Signature of Faculty Sponsor

7/19/26
Date

Approval of Site Based Council Representative  Date **7-10-26**

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **MIKE SMITH**

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

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

DESTINATION **CLINTON COUNTY MIDDLE SCHOOL**

ADDRESS **169 MIDDLE SCHOOL RD., ALBANY**

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

DATE(S) OF TRIP **8/22/26** DEPARTURE TIME **11:00 A.M.** RETURN TIME **7:30 P.M.**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(270) 604-4982**

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 **2** TOTAL # OF PARTICIPANTS **22**

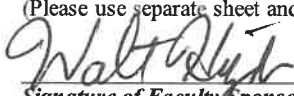
EAP: Person contacted at venue to discuss EAP: **Mike Reeves** Person making contact: **Mike Smith**

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

7/9/26
Date

Approval of Site Based Council Representative 

Date **7-10-26**

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 _____

Van, bus, or 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 **RICK MARTIN**

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

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **CROSS COUNTRY**

DESTINATION **TRIGG COUNTY RECREATION COMPLEX**

ADDRESS **860 COMPLEX RD., CADIZ**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **8/22/26** DEPARTURE TIME **7:00 A.M.** RETURN TIME **12:00 P.M.**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(931) 206-0870**

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 **2** TOTAL # OF PARTICIPANTS **22**

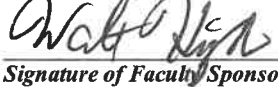
EAP: Person contacted at venue to discuss EAP: **Wendy Ahart** Person making contact: **Mike Smith**

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

7/9/26
Date

Approval of Site Based Council Representative  Date **7-10-26**

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 _____

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 **BRAD RAGER**

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

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

DESTINATION **FRANKLIN COUNTRY CLUB**

ADDRESS **302 BROADWAY AVE., FRANKLIN**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **8/22/26** DEPARTURE TIME **7:00 A.M.** RETURN TIME **12:00 P.M.**

DEPARTURE LOCATION: **TCCHS** COACH CONTACT # **(270) 604-0172**

SOURCE OF FUNDING FOR TRIP **TCCHS ATHLETICS**

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

NUMBER OF: STUDENTS **8** FACULTY SPONSORS **2** TOTAL # OF PARTICIPANTS **10**

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

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

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

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

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

Walt Rager
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative *[Signature]*

Date **7-10-26**

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP MIKE SMITH

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

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

DESTINATION RUSSELLVILLE HIGH SCHOOL

ADDRESS 1101 W. 9TH ST., RUSSELLVILLE

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

DATE(S) OF TRIP 8/25/26 DEPARTURE TIME 5:15 P.M. RETURN TIME 9:30 P.M.

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (270) 604-4982

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 2 TOTAL # OF PARTICIPANTS 22

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

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

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

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

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

[Signature]
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative [Signature]

Date 7-10-26

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 _____

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 RUSSELLVILLE HIGH SCHOOL

ADDRESS 1101 W. 9TH ST., RUSSELLVILLE

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

DATE(S) OF TRIP 8/25/26 DEPARTURE TIME 4:15 P.M. RETURN TIME 8:00 P.M.

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: Trent Milby Person making contact: Mike Smith

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

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

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

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

Walt Nader
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative [Signature]

Date 7-10-26

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP TONY CARACCIOLO

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: GIRLS SOCCER

DESTINATION RUSSELLVILLE HIGH SCHOOL

ADDRESS 1101 W. 9TH ST., RUSSELLVILLE

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

DATE(S) OF TRIP 8/25/26 DEPARTURE TIME 4:15 P.M. RETURN TIME 8:00 P.M.

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (931) 278-5191

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 2 TOTAL # OF PARTICIPANTS 22

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

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

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

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

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

[Signature]
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative [Signature]

Date 7-10-26

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **TONY CARACCIOLO**

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

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

DESTINATION **BUTLER STADIUM (CALDWELL COUNTY)**

ADDRESS **612 W. MAIN ST., PRINCETON**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **8/27/26** DEPARTURE TIME **3:30 P.M.** RETURN TIME **11:00 P.M.**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(931) 278-5191**

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 **2** TOTAL # OF PARTICIPANTS **22**

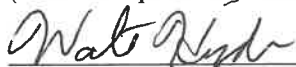
EAP: Person contacted at venue to discuss EAP: **Jeff Riley** Person making contact: **Mike Smith**

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

7/9/26
Date

Approval of Site Based Council Representative

 Date **7-10-26**

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 _____

Self-transport

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

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

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

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

DESTINATION **HERITAGE CHRISTIAN ACADEMY**

ADDRESS **8349 EAGLE WAY, HOPKINSVILLE**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **8/27/26** DEPARTURE TIME **4:30 P.M.** RETURN TIME **9:30 P.M.**

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: **Candy Hayes** Person making contact: **Mike Smith**

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

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

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

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

Walt Dyer
Signature of Faculty Sponsor

7/19/26
Date

Approval of Site Based Council Representative *[Signature]* Date **7-10-26**

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **GEORGE RIDDICK**

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

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

DESTINATION **HOPKINS COUNTY CENTRAL HIGH SCHOOL**

ADDRESS **6625 HOPKINSVILLE RD., MADISONVILLE**

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

DATE(S) OF TRIP **8/28/26** DEPARTURE TIME **4:00 P.M.** RETURN TIME **11:30 P.M.**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT: # **(270) 305-2782**

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 **7** TOTAL # OF PARTICIPANTS **37**

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

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

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

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

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

Walter Wilder
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative *[Signature]* Date **7-10-26**

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 _____

Self-transport

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

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

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

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

DESTINATION VARIOUS LOCATION (APOLLO SUMMER SLAM)

ADDRESS OWENSBORO

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

DATE(S) OF TRIP 8/28-29/26 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: Josh Jackson Person making contact: Mike Smith

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

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

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

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

Walter N. N. N.
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative [Signature]

Date 7-10-26

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 _____

Van, bus, or 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 **RICK MARTIN**

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

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **CROSS COUNTRY**

DESTINATION
SCHOOL

MADISONVILLE-NORTH HOPKINS HIGH

ADDRESS

4515 HANSON RD., MADISONVILLE

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **8/29/26** DEPARTURE TIME **6:45 A.M.** RETURN TIME **11:00 A.M.**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(931) 206-0870**

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 **2** TOTAL # OF PARTICIPANTS **22**

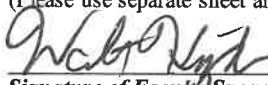
EAP: Person contacted at venue to discuss EAP: **Brad Faulk** Person making contact: **Mike Smith**

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

7/9/26
Date

Approval of Site Based Council Representative 

Date **7-10-26**

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 _____

Self-transport

Ala State

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP BRAD RAGER

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: GOLF

DESTINATION GIBSON BAY GOLF COURSE

ADDRESS 2000 GIBSON BAY DR., RICHMOND

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

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

DEPARTURE LOCATION: TCCHS COACH CONTACT # (270) 604-0172

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

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

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

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

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

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

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

Walt Nyl
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative [Signature]

Date 7-10-26

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **MIKE SMITH**

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

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

DESTINATION **LOGAN COUNTY HIGH SCHOOL**

ADDRESS **2200 BOWLING GREEN RD., RUSSELLVILLE**

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

DATE(S) OF TRIP **9/1/26** DEPARTURE TIME **5:00 P.M.** RETURN TIME **10:00 P.M.**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(270) 604-4982**

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 **2** TOTAL # OF PARTICIPANTS **22**

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

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

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

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

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

Walt Dyer
Signature of Faculty Sponsor

7/19/26
Date

Approval of Site Based Council Representative [Signature] Date 7-10-26

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCHS**

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

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

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

DESTINATION **LOGAN COUNTY HIGH SCHOOL**

ADDRESS **2200 BOWLING GREEN RD., RUSSELLVILLE**

☐ Overnight; give name, address, phone of lodging

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

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

SOURCE OF FUNDING FOR TRIP **TCHS ATHLETICS**

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

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

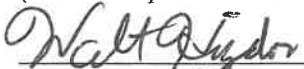
EAP: Person contacted at venue to discuss EAP: **Todd Adler** Person making contact: **Mike Smith**

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

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

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

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


Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative

 Date **7-10-26**

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP TONY CARACCIOLO

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: GIRLS SOCCER

DESTINATION LOGAN COUNTY HIGH SCHOOL

ADDRESS 2200 BOWLING GREEN RD., RUSSELLVILLE

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

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

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (931) 278-5191

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 2 TOTAL # OF PARTICIPANTS 22

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

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

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

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

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

[Signature]
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative [Signature]

Date 7-10-26

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 _____

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 **BRAD RAGER**

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

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

DESTINATION **HIDDEN VALLEY GOLF COURSE**

ADDRESS **530 HIDDEN VALLEY DR., MORGANTOWN**

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

DATE(S) OF TRIP **9/1/26** DEPARTURE TIME **3:00 P.M.** RETURN TIME **9:30 P.M.**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(270) 604-0172**

SOURCE OF FUNDING FOR TRIP **TCCHS ATHLETICS**

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

NUMBER OF: STUDENTS **8** FACULTY SPONSORS **2** TOTAL # OF PARTICIPANTS **10**

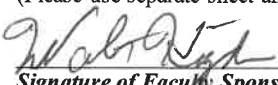
EAP: Person contacted at venue to discuss EAP: **Brandon Embry** Person making contact: **Mike Smith**

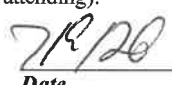
Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: **On site**

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

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

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


Signature of Faculty Sponsor


Date

Approval of Site Based Council Representative 

Date **7-10-26**

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 _____

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 BRAD RAGER

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: GOLF

DESTINATION ROLLING HILLS GOLF COURSE

ADDRESS 1600 PINE DR., RUSSELLVILLE

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

DATE(S) OF TRIP 9/3/26 DEPARTURE TIME 3:30 P.M. RETURN TIME 9:00 P.M.

DEPARTURE LOCATION: TCCHS COACH CONTACT # (270) 604-0172

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 8 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 10

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

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

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

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

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

Walter Rager
Signature of Faculty Sponsor

7/19/26
Date

Approval of Site Based Council Representative [Signature]

Date 7-10-26

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **MIKE SMITH**

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

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

DESTINATION **LEE S. JONES COUNTY PARK (LYON COUNTY)**

ADDRESS **510 ST. RTE. 93 S., EDDYVILLE**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **9/7/26** DEPARTURE TIME **4:30 P.M.** RETURN TIME **11:30 P.M.**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(270) 604-4982**

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 **2** TOTAL # OF PARTICIPANTS **22**

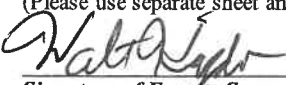
EAP: Person contacted at venue to discuss EAP: **Jeremy Tackett** Person making contact: **Mike Smith**

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

7/9/26
Date

Approval of Site Based Council Representative 

Date **7-10-26**

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 _____

self-transport

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP BROOK WAGONER

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: VOLLEYBALL

DESTINATION MADISONVILLE-NORTH HOPKINS HIGH SCHOOL

ADDRESS 4515 HANSON RD., MADISONVILLE

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

DATE(S) OF TRIP 9/10/26 DEPARTURE TIME 3:15 P.M. RETURN TIME 10:00 P.M.

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: Brad Faulk Person making contact: Mike Smith

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

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

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

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

Walter Nye
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative [Signature] Date 7-10-26

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP GEORGE RIDDICK

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: FOOTBALL

DESTINATION JO BYRNS HIGH SCHOOL

ADDRESS 7025 HWY. 41 N., CEDAR HILL, TN

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

DATE(S) OF TRIP 9/1/26 DEPARTURE TIME 4:30 P.M. RETURN TIME 11:00 P.M.

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (270) 305-2782

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 7 TOTAL # OF PARTICIPANTS 37

EAP: Person contacted at venue to discuss EAP: Tom Adkins 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

7/9/26
Date

Approval of Site Based Council Representative



Date

7-10-26

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 _____

4th Region All AA Classic

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP MIKE SMITH

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

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

DESTINATION RUSSELLVILLE HIGH SCHOOL

ADDRESS 1101 W. 9TH ST., RUSSELLVILLE

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

DATE(S) OF TRIP 9/12/26 DEPARTURE TIME 10:30 A.M. RETURN TIME TBA

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (270) 604-4982

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 2 TOTAL # OF PARTICIPANTS 22

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

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

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

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

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

Walt High
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative [Signature]

Date 7-10-26

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 _____

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 **BRAD RAGER**

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

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

DESTINATION **BOWLING GREEN COUNTRY CLUB**

ADDRESS **251 BEECH BEND RD., BOWLING GREEN**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **9/12/26** DEPARTURE TIME **7:00 A.M.** RETURN TIME **12:00 P.M.**

DEPARTURE LOCATION: **TCCHS** COACH CONTACT # **(270) 604-0172**

SOURCE OF FUNDING FOR TRIP **TCCHS ATHLETICS**

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

NUMBER OF: STUDENTS **8** FACULTY SPONSORS **2** TOTAL # OF PARTICIPANTS **10**

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

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

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

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

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

Walt Rager
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative

[Signature] Date **7-10-26**

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 _____

self-transport

4th Region All "A" Classic

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 RUSSELLVILLE/CLINTON COUNTY HIGH SCHOOL (IF WIN)

ADDRESS 1101 W. 9TH ST., R'VILLE/65 H.S. DR., ALBANY

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

DATE(S) OF TRIP 9/12/26 DEPARTURE TIME 7:45 A.M. 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: Trent Milby/Mike Reeves Person making contact: Mike Smith

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

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

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

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

Walter Miller
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative

[Signature] Date 7-10-26

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 _____

Van, bus, or 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 **RICK MARTIN**

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

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **CROSS COUNTRY**

DESTINATION **LOGAN COUNTY HIGH SCHOOL**

ADDRESS **2200 BOWLING GREEN RD., RUSSELLVILLE**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **9/12/26** DEPARTURE TIME **7:30 A.M.** RETURN TIME **11:00 A.M.**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(931) 206-0870**

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 **2** TOTAL # OF PARTICIPANTS **22**

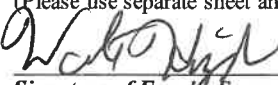
EAP: Person contacted at venue to discuss EAP: **Todd Adler** Person making contact: **Mike Smith**

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

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

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

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


Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative 

Date **7-10-26**

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 _____

4th Region All "A" Classic

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP TONY CARACCILOLO

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: GIRLS SOCCER

DESTINATION RUSSELLVILLE HIGH SCHOOL

ADDRESS 1101 W. 9TH ST., RUSSELLVILLE

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

DATE(S) OF TRIP 9/12/26 DEPARTURE TIME 9:15 A.M. RETURN TIME TBA

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (931) 278-5191

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 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: Trent Milby 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).

Nate High
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative [Signature]

Date 7-10-26

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP TONY CARACCIOLO

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: GIRLS SOCCER

DESTINATION WARREN EAST HIGH SCHOOL

ADDRESS 6867 LOUISVILLE RD., BOWLING GREEN

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

DATE(S) OF TRIP 9/14/26 DEPARTURE TIME 4:00 P.M. RETURN TIME 10:00 P.M.

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (270) 444-4882

931 278 5191

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 2 TOTAL # OF PARTICIPANTS 22

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

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

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

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

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

Walter
Signature of Faculty Sponsor

7/9/20
Date

Approval of Site Based Council Representative [Signature]

Date 7-10-26

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 _____

Self-transport

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

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

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

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

DESTINATION **KIRKWOOD HIGH SCHOOL**

ADDRESS **2702 ROSSVIEW RD., CLARKSVILLE, TN**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **9/14/26** DEPARTURE TIME **3:30 P.M.** RETURN TIME **9:00 P.M.**

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 **2** TOTAL # OF PARTICIPANTS **23**

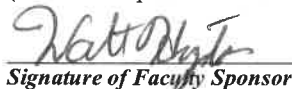
EAP: Person contacted at venue to discuss EAP: **Joshua Stoeckl** Person making contact: **Mike Smith**

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

7/9/26
Date

Approval of Site Based Council Representative

 Date **7-10-26**

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 _____

Self-transport

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

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

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

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

DESTINATION **CHRISTIAN COUNTY HIGH SCHOOL**

ADDRESS **5185 FT. CAMPBELL BLVD., HOPKINSVILLE**

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

DATE(S) OF TRIP **9/15/26** DEPARTURE TIME **3:45 P.M.** RETURN TIME **10:00 P.M.**

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: **Jacob Ezell** Person making contact: **Mike Smith**

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

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

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

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

Walt Nicks
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative *[Signature]*

Date **7-10-26**

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP TONY CARACCIOLO

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: GIRLS SOCCER

DESTINATION GLASGOW SOCCER COMPLEX

ADDRESS 3013 OLD BOWLING GREEN RD., GLASGOW

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

DATE(S) OF TRIP 9/17/26 DEPARTURE TIME 3:00 P.M. RETURN TIME 10:30 P.M.

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (931) 278-5191

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 2 TOTAL # OF PARTICIPANTS 22

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

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

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

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

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

Walt Norman
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative [Signature]

Date 7-10-26

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 _____

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 BRAD RAGER

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: GOLF

DESTINATION WESTERN HILLS GOLF COURSE

ADDRESS 2160 RUSSELLVILLE RD., HOPKINSVILLE

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

DATE(S) OF TRIP 9/17/26 DEPARTURE TIME 3:30 P.M. RETURN TIME 9:00 P.M.

DEPARTURE LOCATION: TCCHS COACH CONTACT # (270) 604-0172

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 7 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 8

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

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

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

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

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

Walt Rager
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative [Signature]

Date 7-10-26

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 _____

Van, bus, of 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 **RICK MARTIN**

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

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **CROSS COUNTRY**

DESTINATION **MUHLENBERG COUNTY MIDDLE SCHOOL**

ADDRESS **2900 ST. RTE. 176, GREENVILLE**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **9/19/26** DEPARTURE TIME **7:00 A.M.** RETURN TIME **11:30 A.M.**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(931) 206-0870**

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 **2** TOTAL # OF PARTICIPANTS **22**

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

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

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

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

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

W. Rogles
Signature of Faculty Sponsor

7/9/20
Date

Approval of Site Based Council Representative

[Signature] Date **7-10-20**

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

self-transport

regionals

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **BRAD RAGER**

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

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

DESTINATION **CROSSWINDS GOLF COURSE**

ADDRESS **1031 WILKINSON TRACE, BOWLING GREEN**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **9/23/26** DEPARTURE TIME **TBA** RETURN TIME **TBA**

DEPARTURE LOCATION: **TCCHS** COACH CONTACT # **(270) 604-0172**

SOURCE OF FUNDING FOR TRIP **TCCHS ATHLETICS**

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

NUMBER OF: STUDENTS **8** FACULTY SPONSORS **2** TOTAL # OF PARTICIPANTS **10**

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

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

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

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

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

Walt Nigh
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative *[Signature]*

Date **7-10-26**

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 _____

self-transport

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

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

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

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

DESTINATION **UNIVERSITY HEIGHTS ACADEMY**

ADDRESS **1300 ACADEMY DR., HOPKINSVILLE**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **9/24/26** DEPARTURE TIME **4:15 P.M.** RETURN TIME **10:00 P.M.**

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: **Taylor Sparks** Person making contact: **Mike Smith**

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

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

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

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

Walt Sparks
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative *[Signature]* Date **7-10-26**

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP GEORGE RIDDICK

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: FOOTBALL

DESTINATION MAYFIELD HIGH SCHOOL (WAR MEMORIAL STADIUM)

ADDRESS 975 W. LOCKRIDGE ST., MAYFIELD

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

DATE(S) OF TRIP 9/25/26 DEPARTURE TIME 3:30 P.M. RETURN TIME 11:45 P.M.

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (270) 305-2782

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 7 TOTAL # OF PARTICIPANTS 37

EAP: Person contacted at venue to discuss EAP: Todd Hatchell 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

7/9/26
Date

Approval of Site Based Council Representative  Date 7-10-26

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS
CARACCILO/MIKE SMITH

FACULTY MEMBER(S) SPONSORING TRIP TONY

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: G/B SOCCER

DESTINATION CALLOWAY COUNTY HIGH SCHOOL

ADDRESS 2108 COLLEGE FARM RD., MURRAY

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

DATE(S) OF TRIP 9/29/26 DEPARTURE TIME 3:00 P.M. RETURN TIME 11:00 P.M.

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (270) 604-4982

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

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

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

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

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

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

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

Walt Webb
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative

Am DeS Date 7-10-26

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 _____

Van, bus, or 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 **RICK MARTIN**

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

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **CROSS COUNTRY**

DESTINATION **DAVISS COUNTY HIGH SCHOOL**

ADDRESS **4255 NEW HARTFORD RD., OWENSBORO**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **10/3/26** DEPARTURE TIME **6:15 A.M.** RETURN TIME **1:00 P.M.**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(931) 206-0870**

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 **2** TOTAL # OF PARTICIPANTS **22**

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

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

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

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

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

Walter R. Rhyder
Signature of Faculty Sponsor

7/9/20
Date

Approval of Site Based Council Representative

[Signature] Date **7-10-20**

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **MIKE SMITH**

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

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

DESTINATION **HENDERSON COUNTY HIGH SCHOOL**

ADDRESS **2424 ZION RD., HENDERSON**

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

DATE(S) OF TRIP **10/3/26** DEPARTURE TIME **10:00 A.M.** RETURN TIME **6:00 P.M.**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(270) 604-4982**

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 **2** TOTAL # OF PARTICIPANTS **22**

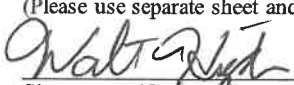
EAP: Person contacted at venue to discuss EAP: **Nathan Grace** Person making contact: **Mike Smith**

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

7/9/26
Date

Approval of Site Based Council Representative 

Date **7-10-26**

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 _____

Van, bus, or 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 **RICK MARTIN**

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

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **CROSS COUNTRY**

DESTINATION **GRAVES COUNTY HIGH SCHOOL**

ADDRESS **1220 EAGLES WAY, MAYFIELD**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **10/10/26** DEPARTURE TIME **6:00 A.M.** RETURN TIME **12:00 P.M.**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT: # **(931) 206-0870**

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 **2** TOTAL # OF PARTICIPANTS **22**

EAP: Person contacted at venue to discuss EAP: **Khristain Elliott** Person making contact: **Mike Smith**

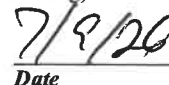
Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: **On site**

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


Date

Approval of Site Based Council Representative

 Date **7-10-26**

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

13th District Tournament

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **MIKE SMITH**

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

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

DESTINATION SIMPSON ELEMENTARY SCHOOL

ADDRESS 721 WITT RD., FRANKLIN

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

DATE(S) OF TRIP 10/10-15/26 DEPARTURE TIME TBA RETURN TIME TBA

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (270) 604-4982

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 2 TOTAL # OF PARTICIPANTS 22

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

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

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

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

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

Matthew Wilhite
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative [Signature]

Date 7-10-26

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **TONY CARACCILO**

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

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

DESTINATION **TRIGG COUNTY RECREATION COMPLEX**

ADDRESS **860 COMPLEX RD., CADIZ**

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP **10/2/26** DEPARTURE TIME **3:45 P.M.** RETURN TIME **10:00 P.M.**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(931) 278-5191**

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 **2** TOTAL # OF PARTICIPANTS **22**

EAP: Person contacted at venue to discuss EAP: **Wendy Ahart** 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


Date

Approval of Site Based Council Representative 

Date **7-10-26**

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 _____

13th District Tournament

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **TONY CARACCILO**

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

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

DESTINATION **SIMPSON ELEMENTARY SCHOOL**

ADDRESS **721 WITT ST., FRANKLIN**

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

DATE(S) OF TRIP **10/10-15/26** DEPARTURE TIME **TBA** RETURN TIME **TBA**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(931) 278-5191**

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 **2** TOTAL # OF PARTICIPANTS **22**

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

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

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

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

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

Walter King
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative *[Signature]*

Date **7-10-26**

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 _____

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 CRITTENDEN COUNTY HIGH SCHOOL

ADDRESS W. ELM ST., MARION

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

DATE(S) OF TRIP 10/12/26 DEPARTURE TIME 3:30 P.M. RETURN TIME 11:45 P.M.

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: Madison Champion Person making contact: Mike Smith

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

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

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

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

Walt Nystor
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative [Signature]

Date 7-10-26

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 _____

13th District Tournament

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 **RUSSELLVILLE HIGH SCHOOL**

ADDRESS **1101 W. 9TH ST., RUSSELLVILLE**

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

DATE(S) OF TRIP **10/19-22/26** 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: **Trent Milby** Person making contact: **Mike Smith**

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

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

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

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

Walt Nyden
Signature of Faculty Sponsor

7/19/26
Date

Approval of Site Based Council Representative *[Signature]* Date **7-10-26**

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP GEORGE RIDDICK

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: FOOTBALL

DESTINATION TRIGG COUNTY HIGH SCHOOL

ADDRESS 203 MAIN ST., CADIZ

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

DATE(S) OF TRIP 10/23/26 DEPARTURE TIME 4:15 P.M. RETURN TIME 11:30 P.M.

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (270) 305-2782

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 7 TOTAL # OF PARTICIPANTS 37

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

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

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

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

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

Walter Riddick
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative [Signature]

Date 7-10-26

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP GEORGE RIDDICK

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: FOOTBALL

DESTINATION WEBSTER COUNTY HIGH SCHOOL

ADDRESS 1922 HWY. 41A S., DIXON

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

DATE(S) OF TRIP 10/30/26 DEPARTURE TIME 4:00 P.M. RETURN TIME 11:45 P.M.

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (270) 305-2782

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 7 TOTAL # OF PARTICIPANTS 37

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

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

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

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

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

Walter Lagrange
Signature of Faculty Sponsor

7/9/26
Date

Approval of Site Based Council Representative *[Signature]*

Date 7-10-26

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 _____

Request to Place an Item on the AgendaName: Brian Wagoner, Lee Quaker, & Mike SmithAddress: 800 S. Main St. Ellettsville, KY 42220Telephone number: 270 265 2506Name of school children attend, if applicable: TCCHSGroup represented: VolleyballCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee Quaker & Mike SmithDescription of Issue: Participating in the Apollo Summer Slam in Owensboro on Aug. 28-29, 2026. Will self-transport & spend the night of Aug. 28Specific Action Requested: Overnight requestCheck if you are: ☐ Board Member ☒ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06