STUDENTS 09.36 AP.21

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

SCHOOL

FACULTY MEMBER(S) SPONSORING TRIP Quashawn Quarles; Shayla 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 20-21, 2026

DEPARTURE TIME 7AM 9/20

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 30 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; Shayla 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 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 Ridgle 7/9/26

Signature of Faculty Sponsor *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 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 *Date* 7/9/26

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).

Walter Wyatt 7/9/26

Signature of Faculty Sponsor *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 _____

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 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).

Walt Wright 7/9/26

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 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).

Signature of Faculty Sponsor *Date* 7/9/26

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** 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).

Walt Boyd
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** 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 Wyda
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 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).

Mike Smith 7/9/26

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 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: 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).

Walt Wright 7/9/26

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 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 *Date* 7/9/26

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

SR / t-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).

Nate Dyer 7/9/26

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 _____

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).

Walt Nash 7/9/26

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 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 Hyatt 7/9/26

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 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 Dayton 7/9/26

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 _____

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 Dyndor 7/9/26

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 _____

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 Wright 7/9/26

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 _____

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 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 *Date* 7/9/26

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 Taylor 7/9/26

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 _____

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).

Signature of Faculty Sponsor *Date* 7/9/26

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 _____

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 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).

Walter Hughes 7/9/26

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 _____

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 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).

Wade Kight 7/9/26

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).

Walter Hyde 7/9/26

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 _____

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).

Walt Dyer 7/9/26

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 _____

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).

Walt Vick 7/9/26

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 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).

Signature of Faculty Sponsor *Date* 7/9/26

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 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 of Faculty Sponsor *Date* 7/9/26

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 _____

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 Wagoner 7/9/26

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 _____

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 of Faculty Sponsor *Date* 7/9/26

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 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).

Walt Wyatt 7/9/26

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 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 Taylor 7/9/26

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 _____

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).

Walt Wyatt 7/9/26

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 VARIOUS LOCATION (APOLLO SUMMMER 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).

Walt Wynn
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 *Date* 7/9/26

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 All "A" 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 Wyatt 7/9/26

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 _____

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: ~~Matthew Wilhite~~ 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 *Date* 7/9/26

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 _____

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

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

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: VOLLEYBALL

DESTINATION LOGAN COUNTY HIGH SCHOOL

ADDRESS 2200 BOWLING 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: TCCHS Gym **COACH CONTACT #** (270) 604-3345

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

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

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

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

Does the venue have an Emergency Response Team: ☑ Yes ☐ 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 Taylor 7/9/26

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 _____

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 of Faculty Sponsor *Date* 7/9/26

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 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* 7/9/26

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 Hyde 7/9/26

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 _____

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).

Walt Naylor 7/9/26

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 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** 3:15P.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).

Walt Nyle
Signature of Facility 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 _____

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 9/25/26 **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 *Date* 7/9/26

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** 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 Wyche 7/9/26

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 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 Wright 7/9/26

Signature of Faculty Sponsor ***Date***

Approval of Site Based Council Representative _____ Date 7-10-25

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).

Walt Wyda 7/9/26

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 _____

Van, bw, 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 ~~9/26/26~~ 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).

W Co HS _____ 7/9/26

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 _____

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 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 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).

Walt Kyle 7/9/26

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 _____

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) [redacted] 1982 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).

Walt Wyatt 7/9/26

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 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).

Matt Dyke 7/9/26

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 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** 3:45P.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 Hyde 7/9/26

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 _____

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).

Signature of Faculty Sponsor *Date* 7/9/26

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 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 Wyk 7/9/26

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 _____

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).

Signature of Faculty Sponsor *Date* 7/9/26

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 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 Wright 7/9/26

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: 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** 4:15P.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).

Nat Taylor 7/9/26

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 _____

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).

Walt Wright 7/9/26

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 _____

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

SCHOOL TCCHS **FACULTY MEMBER(S) SPONSORING TRIP** TONY CARACCIOLO/MIKE SMITH

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 7/9/26

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 _____

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 DAVIESS 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).

Walt Wyatt 7/9/26

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 _____

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).

Walt Wyk 7/9/26

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 _____

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).

Walt Dyer 7/9/26

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 _____

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Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

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).

Walt Wright 7/9/26

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 _____

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 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** 3:45P.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* 7/9/26

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 CARACCIOLO

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).

Walt Rush 7/9/26

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 _____

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Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

STUDENTS 09.36 AP.21

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

SCHOOL 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 Wynton 7/9/26

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 _____

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Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

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 Wyda 7/9/26

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 _____

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Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

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).

Walt Ryan 7/9/26

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 _____

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Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

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).

Walt Light
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 _____

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Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

POWERS AND DUTIES OF THE BOARD OF EDUCATION 01.45 AP.2

Request to Place an Item on the Agenda

Name: Brad Wagner, Lee Quade, & Mike Smith

Address: 800 S. Main St. Elkton, KY 42220

Telephone number: 270 265 3506

Name of school children attend, if applicable: TCHS

Group represented: Volleyball

Check if request was submitted to: ☑ Superintendent ☐ Board Chairperson

Conferred with following administrators (names): Lee Quade & Mike Smith

Description of Issue: Participating in the Apollo Summer Slam in Owensboro on Aug. 28 & 29, 2026. Will self-transport & spend the night of Aug. 28

Specific Action Requested: Overnight request

Check 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