STUDENTS 09.36 AP.21

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

**SCHOOL** TCHS **FACULTY MEMBER(S) SPONSORING TRIP** MICHAEL BLAKE

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

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

**DESTINATION** JO BYRNS HIGH SCHOOL

**ADDRESS** 7025 US-41, CEDAR HILL, TN

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

**DATE(S) OF TRIP** 8/11 **DEPARTURE TIME** 4:15 PM **RETURN TIME** 9:30 PM

**DEPARTURE LOCATION:** TCCHS ANNEX **COACH CONTACT #** 270-604-1218

**SOURCE OF FUNDING FOR TRIP** _____

***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: JUSTIN COUTS Person making contact: STEVEN MCGHEE

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

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

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

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

*Signature of Faculty Sponsor* *Date* 7/15/24

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** TCMS **FACULTY MEMBER(S) SPONSORING TRIP** MICHAEL BLAKE

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

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

**DESTINATION** TRIGG COUNTY HIGH SCHOOL

**ADDRESS** 203 MAIN ST, CADIZ, KY

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

**DATE(S) OF TRIP** 8/22/26 **DEPARTURE TIME** 3:45 PM **RETURN TIME** 10:30 PM

**DEPARTURE LOCATION:** TCCHS ANNEX **COACH CONTACT #** 270-604-1218

**SOURCE OF FUNDING FOR TRIP** _____

***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: GREG STEPHENS Person making contact: STEVEN McGHEE

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

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

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

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

Steve McGhee 7/15/26

*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** TCMS **FACULTY MEMBER(S) SPONSORING TRIP** MICHAEL BLAKE

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

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

**DESTINATION** RUSSELLVILLE RHEA STADIUM

**ADDRESS** 209 E 9TH ST, RUSSELLVILLE, KY

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

**DATE(S) OF TRIP** 8/25/26 **DEPARTURE TIME** 4:30 PM **RETURN TIME** 9:30 PM

**DEPARTURE LOCATION:** TCCHS ANNEX **COACH CONTACT #** 270-604-1218

**SOURCE OF FUNDING FOR TRIP** _____

***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: JERAMY RUST Person making contact: STEVEN McGHE

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

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

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

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

Steve McGhe 7/15/26

***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** TCMS **FACULTY MEMBER(S) SPONSORING TRIP** MICHAEL BLAKE

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

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

**DESTINATION** HOPKINSVILLE HIGH SCHOOL

**ADDRESS** 434 KOFFMAN DR, HOPKINSVILLE, KY

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

**DATE(S) OF TRIP** 9/1/26 **DEPARTURE TIME** 4:15 PM **RETURN TIME** 10:00 PM

**DEPARTURE LOCATION:** TCCHS ANNEX **COACH CONTACT #** 270-604-1218

**SOURCE OF FUNDING FOR TRIP** _____

***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: BAILEY DAVIE Person making contact: STEVEN MCGHE

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

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

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

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

_____ 7/15/26

***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 _____

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

**SCHOOL** TCMS **FACULTY MEMBER(S) SPONSORING TRIP** TARA OLIVER

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

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

**DESTINATION** TRIGG COUNTY SPORTS COMPLEX

**ADDRESS** 789 COMPLEX RD, CADIZ, KY

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

**DATE(S) OF TRIP** 8/11/26 **DEPARTURE TIME** 4:15 PM **RETURN TIME** 9:30 PM

**DEPARTURE LOCATION:** TCCHS ANNEX **COACH CONTACT #** 517-719-3796

**SOURCE OF FUNDING FOR TRIP** _____

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

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

**EAP:** Person contacted at venue to discuss EAP: MONTY TODD Person making contact: STEVEN MCGHEE

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

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

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

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

*Signature of Faculty Sponsor* *Date* 7/15/26

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 TCMS FACULTY MEMBER(S) SPONSORING TRIP TARA OLIVER

TYPE OF TRIP (CHECK ONE): SOFTBALL

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION METCALFE COUNTY HIGH SCHOOL

ADDRESS 208 RANDOLPH ST, EDMONTON, KY

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

DATE(S) OF TRIP 8/15/26 DEPARTURE TIME 8:00 AM RETURN TIME 5:00 PM

DEPARTURE LOCATION: TCCHS ANNEX COACH CONTACT # 517-719-3796

SOURCE OF FUNDING FOR TRIP _____

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

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

**EAP:** Person contacted at venue to discuss EAP: BILL CLEMONS Person making contact: STEVEN MCGHEE

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

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

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

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

*Signature of Faculty Sponsor* *Date* 7/15/26

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** TCMS **FACULTY MEMBER(S) SPONSORING TRIP** TARA OLIVER

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

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

**DESTINATION** FRANKLIN - SIMPSON HIGH SCHOOL

**ADDRESS** 400 S COLLEGE ST, FRANKLIN, KY

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

**DATE(S) OF TRIP** 8/17/26 **DEPARTURE TIME** 4:15 PM **RETURN TIME** 10:00 PM

**DEPARTURE LOCATION:** TCCHS ANNEX **COACH CONTACT #** 517-719-3796

**SOURCE OF FUNDING FOR TRIP** _____

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

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

**EAP:** Person contacted at venue to discuss EAP: MATTHEW WHITTE Person making contact: STEVEN MCGHEE

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

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

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

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

Steve McGhee 7/15/26

*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** TCMS **FACULTY MEMBER(S) SPONSORING TRIP** TARA OLIVER

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

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

**DESTINATION** CHRISTIAN COUNTY

**ADDRESS** TBD

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

**DATE(S) OF TRIP** 8/27/24 **DEPARTURE TIME** 4:15 PM **RETURN TIME** 10:00 PM

**DEPARTURE LOCATION:** TCCHS ANNEX **COACH CONTACT #** 517-719-3796

**SOURCE OF FUNDING FOR TRIP** _____

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

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

**EAP:** Person contacted at venue to discuss EAP: SHERRI HANCOCK Person making contact: STEVEN MCGHEE

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

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

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

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

_____ 7/15/24

***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** TCMS **FACULTY MEMBER(S) SPONSORING TRIP** TARA OLINGER

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

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

**DESTINATION** LOGAN COUNTY HIGH SCHOOL

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

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

**DATE(S) OF TRIP** 9/3/24 **DEPARTURE TIME** 4:15 PM **RETURN TIME** 9:30 PM

**DEPARTURE LOCATION:** TCCHS ANNEX **COACH CONTACT #** 517-719-3796

**SOURCE OF FUNDING FOR TRIP** _____

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

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

**EAP:** Person contacted at venue to discuss EAP: TODD ADLER Person making contact: STEVEN MCGHEE

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

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

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

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

*Signature of Faculty Sponsor* 7/15/24 *Date*

Approval of Site Based Council Representative _____ Date _____

**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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

**Section 3**

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

**SCHOOL** TCMS **FACULTY MEMBER(S) SPONSORING TRIP** TARA OLIVER

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

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

**DESTINATION** RUSSELLVILLE HIGH SCHOOL

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

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

**DATE(S) OF TRIP** 9/10/26 **DEPARTURE TIME** 4:30 PM **RETURN TIME** 9:30 PM

**DEPARTURE LOCATION:** TCCHS ANNEX **COACH CONTACT #** 517-719-3796

**SOURCE OF FUNDING FOR TRIP** _____

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

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

**EAP:** Person contacted at venue to discuss EAP: JEREMY RUST Person making contact: STEVEN MCGHEE

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

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

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

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

*Signature of Faculty Sponsor* _____ *Date* 7/15/26

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** TCMS **FACULTY MEMBER(S) SPONSORING TRIP** TARA OLIVER

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

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

**DESTINATION** BUTLER CO. HIGH SCHOOL

**ADDRESS** 1852 S. MAIN ST, MORGANTOWN, KY

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

**DATE(S) OF TRIP** 9/21/26 **DEPARTURE TIME** 4:15 PM **RETURN TIME** 10:30 PM

**DEPARTURE LOCATION:** TCCHS ANNEX **COACH CONTACT #** 517-719-3796

**SOURCE OF FUNDING FOR TRIP** _____

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

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

**EAP:** Person contacted at venue to discuss EAP: CODY DONALDSON Person making contact: STEVEN MCGHEE

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

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

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

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

Steven McGhee
***Signature of Faculty Sponsor***

7/15/26
***Date***

Approval of Site Based Council Representative _____ Date _____

**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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

**Section 3**

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

STUDENTS 09.36 AP.21

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

**SCHOOL** TCMS **FACULTY MEMBER(S) SPONSORING TRIP** TARA OLIVER

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

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

**DESTINATION** LOGAN CO HIGH SCHOOL

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

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

**DATE(S) OF TRIP** 9/24/26 **DEPARTURE TIME** TBA **RETURN TIME** TBA

**DEPARTURE LOCATION:** TCCHS ANNEX **COACH CONTACT #** 517-719-3796

**SOURCE OF FUNDING FOR TRIP** _____

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

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

**EAP:** Person contacted at venue to discuss EAP: TODD ADLER Person making contact: STEVEN MCGHEE

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

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

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

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

*Signature of Faculty Sponsor* 7/15/26 *Date*

Approval of Site Based Council Representative _____ Date _____

**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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

**Section 3**

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP NIKKI ANDREWS

TYPE OF TRIP (CHECK ONE): VOLLEYBALL

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION CHRISTIAN COUNTY MIDDLE SCHOOL

ADDRESS 215 GLASS AVE, HOPKINSVILLE, KY

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

DATE(S) OF TRIP 8/17/26 DEPARTURE TIME 4:15 PM RETURN TIME 9:00 PM

DEPARTURE LOCATION: TCMS LOBBY COACH CONTACT # 931-237-8703

SOURCE OF FUNDING FOR TRIP _____

*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: MALLORY [illegible] Person making contact: STEVEN MCGHEE

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

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

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

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

*Signature of Faculty Sponsor* _____ *Date* 7/15/26

Approval of Site Based Council Representative _____ Date _____

**Section 2** **District Use Only**

Approval of District Representative _____ Date _____

**Section 3** **DRIVER: TURN THIS FORM IN WITH TIMESHEETS**

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 TCMS FACULTY MEMBER(S) SPONSORING TRIP NIKKI ANDREWS

TYPE OF TRIP (CHECK ONE): VOLLEYBALL

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION Moss Middle School

ADDRESS 2565 Russellville Rd, Bowling Green, KY

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

DATE(S) OF TRIP 8/25/26 DEPARTURE TIME 4:15 PM RETURN TIME 9:30 PM

DEPARTURE LOCATION: TCMS Lobby COACH CONTACT # 931-237-8703

SOURCE OF FUNDING FOR TRIP _____

*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: Cameron Clark Person making contact: Steven McGhe

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

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

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

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

Steven McGhee
*Signature of Faculty Sponsor*

7/15/26
*Date*

Approval of Site Based Council Representative _____ Date _____

**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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

**Section 3**

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP NIKKI ANDREWS

TYPE OF TRIP (CHECK ONE): VOLLEYBALL

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION AUBURN ELEMENTARY SCHOOL

ADDRESS 221 COLLEGE ST, AUBURN, KY

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

DATE(S) OF TRIP 9/1/26 DEPARTURE TIME 4:15 PM RETURN TIME 9:30 PM

DEPARTURE LOCATION: TCMS LOBBY COACH CONTACT # 931-237-8703

SOURCE OF FUNDING FOR TRIP _____

*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: TODD ADLER Person making contact: STEVEN MCGH

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

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

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

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

*Signature of Faculty Sponsor* 9/15/26 *Date*

Approval of Site Based Council Representative _____ Date _____

**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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

**Section 3**

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP NIKKI ANDREWS

TYPE OF TRIP (CHECK ONE): VOLLEYBALL

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION FRANKLIN-SIMPSON MIDDLE SCHOOL

ADDRESS 322 S. COLLEGE ST, FRANKLIN, KY

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

DATE(S) OF TRIP 9/7/26 DEPARTURE TIME 4:15 PM RETURN TIME 9:30 PM

DEPARTURE LOCATION: TCMS LOBBY COACH CONTACT # 931-237-8703

SOURCE OF FUNDING FOR TRIP _____

*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: MATTHEW WEINETTE Person making contact: STEVEN MCGHEE

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

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

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

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

*Signature of Faculty Sponsor* _____ *Date* 7/15/26

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 TCMS FACULTY MEMBER(S) SPONSORING TRIP NIKKI ANDREWS

TYPE OF TRIP (CHECK ONE): VOLLEYBALL

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION FOUNDATION CHRISTIAN ACADEMY

ADDRESS 2480 THREE SPRINGS ROAD, BOWLING GREEN, KY

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

DATE(S) OF TRIP 9/8/26 DEPARTURE TIME 4:15 PM RETURN TIME 10:00 PM

DEPARTURE LOCATION: TCMS LOBBY COACH CONTACT # 931-737-8703

SOURCE OF FUNDING FOR TRIP _____

*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: STEPHANIE SLAVEY Person making contact: STEVEN McGHEE

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

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

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

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

*Signature of Faculty Sponsor* _____ *Date* 7/15/26

Approval of Site Based Council Representative _____ Date _____

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**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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**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 TCMS FACULTY MEMBER(S) SPONSORING TRIP NIKKI ANDREWS

TYPE OF TRIP (CHECK ONE): VOLLEYBALL

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION HOPKINSVILLE MIDDLE SCHOOL

ADDRESS 1405 DR. MARTIN LUTHER KING WAY, HOPKINSVILLE, K

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

DATE(S) OF TRIP 9/14/26 DEPARTURE TIME 4:15 PM RETURN TIME 9:00 PM

DEPARTURE LOCATION: TCMS LOBBY COACH CONTACT # 931-237-8703

SOURCE OF FUNDING FOR TRIP _____

*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: CARLOS WILSON Person making contact: STEVEN MCGHEE

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

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

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

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

*Signature of Faculty Sponsor* _____ *Date* 7/15/26

Approval of Site Based Council Representative _____ Date _____

**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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**Section 3**

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

**SCHOOL** TCMS **FACULTY MEMBER(S) SPONSORING TRIP** NIKKI ANDREWS

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

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

**DESTINATION** LEWISBURG ELEMENTARY SCHOOL

**ADDRESS** 750 STALKER ST, LEWISBURG, KY

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

_____

**DATE(S) OF TRIP** 9/15/26 **DEPARTURE TIME** 4:15 PM **RETURN TIME** 9:00 PM

**DEPARTURE LOCATION:** TCMS LOBBY **COACH CONTACT #** 931-237-8703

**SOURCE OF FUNDING FOR TRIP** _____

***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: TODD ADLER Person making contact: STEVEN MCGHEE

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

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

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

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

_____ 7/15/26

***Signature of Faculty Sponsor*** ***Date***

Approval of Site Based Council Representative _____ Date _____

**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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**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 TCMS FACULTY MEMBER(S) SPONSORING TRIP NIKKI ANDREWS

TYPE OF TRIP (CHECK ONE): VOLLEYBALL

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION Russellville High School

ADDRESS 1101 W. 9TH St, Russellville, KY

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

DATE(S) OF TRIP 9/21/24 DEPARTURE TIME 4:30 PM RETURN TIME 9:00 PM

DEPARTURE LOCATION: TCMS Lobby COACH CONTACT # 931-237-8703

SOURCE OF FUNDING FOR TRIP _____

*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: Jeramy Rust Person making contact: Steven McGhee

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

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

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

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

*Signature of Faculty Sponsor* *Date* 7/15/24

Approval of Site Based Council Representative _____ Date _____

**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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**Section 3**

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

STUDENTS 09.36 AP.21

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

**SCHOOL** TCMS **FACULTY MEMBER(S) SPONSORING TRIP** NIKKI ANDREWS

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

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

**DESTINATION** OLMSTEAD ELEMENTARY SCHOOL

**ADDRESS** 1170 OLMSTEAD RD, OLMSTEAD, KY

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

**DATE(S) OF TRIP** 9/22/26 **DEPARTURE TIME** 4:15 PM **RETURN TIME** 9:30 PM

**DEPARTURE LOCATION:** TCMS LOBBY **COACH CONTACT #** 931-237-8703

**SOURCE OF FUNDING FOR TRIP** _____

***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: TODD ADKINS Person making contact: STEVEN MCGHEE

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

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

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

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

_____ 7/15/26

***Signature of Faculty Sponsor*** ***Date***

Approval of Site Based Council Representative _____ Date _____

**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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