

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 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

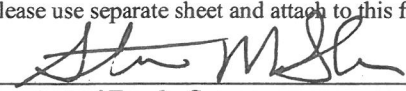
EAP: Person contacted at venue to discuss EAP: JUSTIN COULTS Person making contact: STEVEN MCGHEE

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 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: TCHS 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).

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 TCHS

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: TCHS 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

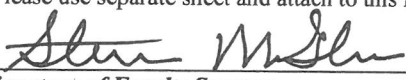
EAP: Person contacted at venue to discuss EAP: JEREMY RUST Person making contact: STEVEN MCGHEE

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

7/15/26
Date

Approval of Site Based Council Representative _____ Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

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Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36.AP.21

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

SCHOOL 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

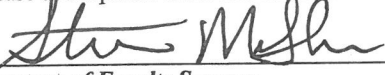
EAP: Person contacted at venue to discuss EAP: BAILEY DANIE Person making contact: STEVEN MCGHEE

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 TCHS

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: TCHS 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

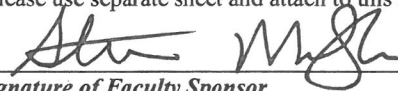
EAP: Person contacted at venue to discuss EAP: MONTY TODD Person making contact: STEVEN MCGHEE

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

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 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: TCMS 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 CLEMENS 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]
Signature of Faculty Sponsor

8/15/26
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 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 WILKINS 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
Signature of Faculty Sponsor

7/15/26
Date

Approval of Site Based Council Representative _____ Date _____

District Use Only

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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 TCHS

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 8/27/26 DEPARTURE TIME 4:15 PM RETURN TIME 10:00 PM

DEPARTURE LOCATION: TCHS 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: SHERRE HANCOCK Person making contact: STEVEN MICHAEL

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

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

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

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

[Signature]
Signature of Faculty Sponsor

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 TCHS

FACULTY MEMBER(S) SPONSORING TRIP TARA OLIVER

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: TCHS Annex COACH CONTACT # 517-719-3794

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: TOON 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).

Steven McGhee
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 9/10/24 DEPARTURE TIME 4:30 PM RETURN TIME 9:30 PM

DEPARTURE LOCATION: TCMS 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

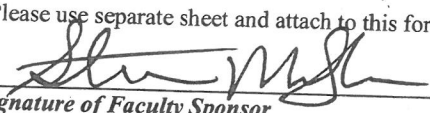
EAP: Person contacted at venue to discuss EAP: JERAMY RUST Person making contact: STEVEN MCGHEE

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

7/15/24
Date

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 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: TCHS 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 Donahew 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
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 TCHS

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, RUSSELSVILLE, KY

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

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

DEPARTURE LOCATION: TCHS 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]
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 Guss 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 Newman 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]
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 NIKKE 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 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 _____

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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 NIXIE 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 AM

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: Tom Adler Person making contact: STEVEN McGA

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

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

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

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

[Signature]
Signature of Faculty Sponsor

9/15/26
Date

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 NICK 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 WILSON Person making contact: STEVEN MCGAGG

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

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

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

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

[Signature]
Signature of Faculty Sponsor

7/45/26
Date

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 NICK 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 SLACK 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]
Signature of Faculty Sponsor

7/15/26
Date

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 NIKK ANDREWS

TYPE OF TRIP (CHECK ONE): Volleyball

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION HOPKINSVILLE MIDDLE SCHOOL

ADDRESS 14405 DR. MARTIN LUTHER KING WAY, HOPKINSVILLE, K

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

DATE(S) OF TRIP 7/14/26 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: CAROL WILSON Person making contact: STEVEN MCGRAE

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

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

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

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

[Signature]
Signature of Faculty Sponsor

7/15/26
Date

Approval of Site Based Council Representative _____ Date _____

District Use Only

Section 2

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 NIKKE ANDREWS

TYPE OF TRIP (CHECK ONE): Volleyball

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION LEWISBURG ELEMENTARY SCHOOL

ADDRESS 750 STACKER 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).

[Signature]
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 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: Jerami Rust Person making contact: STEVEN McGINN

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

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

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

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

[Signature]
Signature of Faculty Sponsor

7/15/26
Date

Approval of Site Based Council Representative _____ Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

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Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

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

SCHOOL TCMS

FACULTY MEMBER(S) SPONSORING TRIP Nazka Andrews

TYPE OF TRIP (CHECK ONE): VOLLEYBALL

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION OLMSTEAD ELEMENTARY SCHOOL

ADDRESS 1170 OLMSTEAD RD, OLMSTEAD, K-1

☐ 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

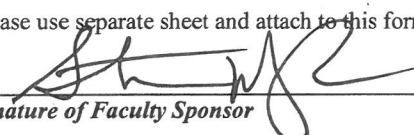
EAP: Person contacted at venue to discuss EAP: Todo Arlen Person making contact: STEVEN Mc BRIDE

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

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Driver Comments:

Coach or School Representative Signature _____ Date _____