

## NON-LOCAL, OVERNIGHT & EXTENDED FIELD TRIP APPLICATION (To be completed by Teacher/Advisor)

Individuals/Group Involved Athletics Number of Students to description of Students and students and students of each gender if students of each gender if students of each gender if students of each gender are attending.)  Individual information needed:  2. Insurance coverage to be arranged through the insurance office.  3. Perent permission and medical authorization forms go to the principal.  4. All district employees need to sulmit a travel request form.  For Administration Use Only:	School SHS	Foday's Date10	110122
Activity WIAA State Townsment - Cross Country  Destination Pasco, WA  Departure Date 11/3 Return Date 11/5  Accommodations:  Source of Revenue: Atward CS, gameral  Fundraising Activities 1/4  Individual Student Cost Total Group Cost 432  How was this activity/trip available to any interested and/or eligible student(s)  How was this trip promoted to all interested/eligible students?  Will any student(s) be excluded from this trip due to the inability to pay?  Will any student(s) be excluded from this trip due to the inability to pay?  Insurance (special coverages) 1/9  Purpose of Trip (include the educational value) Cross Country Ham Competition.  Has this trip been previously taken? 15 If yes, when? 101  List of chaperones and students MUST be attached to this form. (Chaperones must be of each gender if students of each gender are attending.)  1. Additional information needed:  2. Insurance coverage to be arranged through the insurance office.  3. Parent permission and medical authorization forms go to the principal.  4. All district employees need to submit a travel request form.  5. Notify the school nurse.  Signature of Initiator Signature of Building Principal			thd
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Departure Date 11/5  Accommodations:  Source of Revenue: Athletics, gameral  Fundraising Activities			
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Board approval heeded Will be submitted on	Approved	0/18/22	