

XC



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

School SHS Today's Date 10/10/22

Individuals/Group Involved Athletics Number of Students tbd

Activity WIAA State Tournament - Cross Country

Destination Pasco, WA

Departure Date 11/3 Return Date 11/5

Accommodations: \_\_\_\_\_

Source of Revenue: Athletics, general

Fundraising Activities n/a

Individual Student Cost 0 Total Group Cost 4321

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? no

Insurance (special coverages) n/a

Purpose of Trip (include the educational value) Cross country team to compete in WIAA State Competition.

Has this trip been previously taken? yes If yes, when? 2021

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] Signature of Initiator      [Signature] Signature of Building Principal

For Administration Use Only:

Board approval needed? Will be submitted on \_\_\_\_\_  
Approved [Signature]

Superintendent or Designee Signature \_\_\_\_\_ Date 10/18/22