



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

School GHS Today's Date 10/9/23

Individuals/Group Involved Athletics Number of Students 66

Activity STATE TOURNAMENT - FOOTBALL SEMIFINALS

Destination TBD

Departure Date TBD Return Date TBD

Accommodations: TBD depending on qualification

Source of Revenue: Athletics - General

Fundraising Activities N/A

Individual Student Cost 0 Total Group Cost approx \$14,560

How was this activity/trip available to any interested and/or eligible student(s) Open tryout

How was this trip promoted to all interested/eligible students? online, announcements, etc.

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) Football + (cheer) to compete in WAA State Tournament (Semifinals)

Has this trip been previously taken? yes If yes, when? 2022

**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

Superintendent or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_