



NON-LOCAL, OVERNIGHT & EXTENDED FIELD TRIP APPLICATION

(To be completed by Teacher/Advisor)

School Stanwood High School Today's Date 3/9/2017

Individuals/Group Involved Sports Medicine Number of Students 23

Activity Sports Medicine State Competition

Destination Tacoma, WA

Departure Date 4/14/2017 Return Date 4/15/2017

Accommodations: _____

Source of Revenue: Booster Club, ASB club account, CTE & student fee \$30

Fundraising Activities: chuck a puk and physicals

Individual Student Cost \$30.00 Total Group Cost 1850.00

Insurance (special coverage) _____

Purpose of Trip (including educational value) State Sports Medicine Competition

Has this trip been previously taken? yes If yes, when? each year

List of chaperones and students MUST be attached to this form. (Chaperones must be of each gender if students of each gender attending.)

- _____ 1. Additional information needed: _____
- _____ 2. Insurance coverage to be arranged through the insurance office.
- _____ 3. Parent permission and medical authorization forms go to principal.
- _____ 4. All district employees need to submit travel request form.
- _____ 5. Notify school nurse.

Matt Brennan
Signature of Initiator

Kewyn Lambard
Signature of Building Principal

For Administration Use Only:

School Board approval needed. Will be submitted on March 21, 2017
Approved _____

Superintendent or Designee Signature _____ Date _____