$Stanwood \underbrace{\quad \quad Camano \quad \quad }_{\bullet, \bullet}$

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

School Starwood 45	Foday's Date W/19/16
Individuals/Group Involved Cross Co	untry Number of Students 10 (780)
Activity State Tournamen	t
Destination Passo, WA	
Departure Date 11/3/16	Return Date 11/5/16
Accommodations: Rod Lon	
Source of Revenue: athletic ox	reral/outhort
Fundraising Activities	
Individual Student Cost	Total Group Cost
Insurance (special coverages)	
Purpose of Trip (include educational value) State Townament Has this trip been previously taken? List of chaperones and students MUST be attached to this form. (Chaperones must be of each gender if the description)	
1. Additional information needed 2. Insurance coverage to be arranged. 3. Parent permission and medical 4. All district employees need to 5. Notify school nurse.	ged through the insurance office. authorization forms go to principal.
Signature of Initiator New York Signature of Initiator	Signature of Building Principal
For Administration Use Only:	
Board approval needed. Will be submitted. Approved	ed on November 1, 2016 FR
Superintendent or Designee Signature	Date