



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

School SHS Today's Date 12/1/22

Individuals/Group Involved Boys Basketball Number of Students 12-15

Activity WIAA State Basketball

Destination Tacoma, WA

Departure Date 2/28/23 Return Date 3/4/23

Accommodations: _____

Source of Revenue: Athletics

Fundraising Activities -

Individual Student Cost 0 Total Group Cost \$7,200

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? newsletter, TV's, etc.

Will any student(s) be excluded from this trip due to the inability to pay? no

Insurance (special coverages) -

Purpose of Trip (include the educational value) Compete at State Competition.

Has this trip been previously taken? yes If yes, when? 2018

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

1/5/23
Date