



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

School OHS Today's Date 12/12/23  
 Individuals/Group Involved BOYS WRESTLING Number of Students TBD (~12)  
 Activity BOYS WRESTLING STATE CHAMPIONSHIPS  
 Destination TACOMA DOME  
 Departure Date FEB. 15<sup>th</sup> Return Date FEB 17<sup>th</sup>  
 Accommodations: COMFORT INN + SUITES  
 Source of Revenue: ATHLETICS GENERAL  
 Fundraising Activities N/A  
 Individual Student Cost Ø Total Group Cost 3392.50  
 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) BOYS WRESTLING TO COMPETE IN STATE CHAMPIONSHIPS

Has this trip been previously taken? YES If yes, when? 2023

**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 of Initiator  
 Signature of Building Principal

For Administration Use Only:

Board approval needed. Will be submitted on \_\_\_\_\_  
Approved

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