



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

School SHS Today's Date 12/12/23

Individuals/Group Involved BOYS BASKETBALL Number of Students TBD ≈ 12

Activity BOYS BASKETBALL STATE CHAMPIONSHIPS

Destination TACOMA DOME

Departure Date FEB. 27TH Return Date MAR. 2ND

Accommodations: COMFORT INN + SUITES

Source of Revenue: ATHLETICS - GENERAL

Fundraising Activities N/A

Individual Student Cost Ø Total Group Cost \$6557.00

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 BASKETBALL 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]
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 _____