



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

School GHS Today's Date 12/15/23

Individuals/Group Involved GIRLS BASKETBALL Number of Students 10-12

Activity GIRLS BASKETBALL STATE CHAMPIONSHIPS

Destination TACOMA DOME

Departure Date FEB. 27<sup>TH</sup> Return Date MAR. 2<sup>ND</sup>

Accommodations: COMFORT INN + SUITES

Source of Revenue: ATHLETICS GENERAL

Fundraising Activities N/A

Individual Student Cost 0 Total Group Cost \$5697.00

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) GIRLS BASKETBALL TO COMPLETE 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.

Disa Nolan  
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 \_\_\_\_\_