



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

School SHS Today's Date 11/15/23

Individuals/Group Involved GIRLS WRESTLING Number of Students 18/TBD

Activity GIRLS WRESTLING TOURNAMENT Othello Lady Huskies Wrestling Invite 2024

Destination OTHELLO, WA

Departure Date 1/19/24 Return Date 1/20/24

Accommodations: TBD

Source of Revenue: ATHLETICS-GENERAL

Fundraising Activities N/A

Individual Student Cost 0 Total Group Cost ~\$1100⁰⁰

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 WRESTLING TO COMPLETE IN LADY HUSKIES TOURNAMENT

Has this trip been previously taken? NO If yes, when? _____

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.

Chesa Poland
Signature of Initiator

[Signature]
Signature of Building Principal

For Administration Use Only:

Board approval needed. Will be submitted on 12/5/23
Approved

Superintendent or Designee Signature _____ Date _____