



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

School Stanwood High School Today's Date 5/2/24

Individuals/Group Involved SHS Boys Golf Number of Students approx. 9

Activity State Championships

Destination Lacey, WA

Departure Date 5/19/24 Return Date 5/20/24 * Additional day

Accommodations: La Quinta Inn Hotel pd. by Coach/

Source(s) of Revenue: Analytics-General Booster Club

Description of Fundraising Activities n/a

Estimated Individual Student Cost 0 Estimated Total Group Cost Meals + Transportation approx 1350

How was this activity/trip available to any interested and/or eligible student(s) open tryouts

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) WIAA State Competition

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

List of chaperones and students MUST be attached to this form one week prior to travel.
(Chaperones must be of each gender if students of each gender are attending.)

1. Attach additional information as appropriate.
2. Contact Business Services with questions about insurance.
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.

Olga Noland
Signature of Initiator

[Signature]
Signature of Building Principal

For Administration Use Only:

Board approval needed. Will be submitted on 5/7/24
Approved

Superintendent or Designee Signature _____ Date _____



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

School Stanwood High School Today's Date 4/7/24

Individuals/Group Involved SHS Boys Golf Number of Students approx. 5

Activity State Championships

Destination Lacey, wa

Departure Date 5/20/24 Return Date 5/22/24

Accommodations: NO

Source(s) of Revenue: Athletics - General

Description of Fundraising Activities na

Estimated Individual Student Cost 0 Estimated Total Group Cost approx \$ 2900

How was this activity/trip available to any interested and/or eligible student(s) open tryouts

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) WIAA State Competition

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

List of chaperones and students MUST be attached to this form one week prior to travel.
(Chaperones must be of each gender if students of each gender are attending.)

1. Attach additional information as appropriate.
2. Contact Business Services with questions about insurance.
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.

Lisa Nolan
Signature of Initiator

[Signature]
Signature of Building Principal

For Administration Use Only:

Board approval needed. Will be submitted on 4/16/24

Approved [Signature]

Superintendent or Designee Signature

4/18/24
Date