

NON-LOCAL, OVERNIGHT & EXTENDED FIELD TRIP APPLICATION

(To be completed by Teacher/Advisor)

School STANWOOD HIGH SCHOOL Today's Date 10/3/19

Individuals/Group Involved CROSS COUNTRY Number of Students TBD

Activity STATE TOURNAMENT

Destination PASCO, WA

Departure Date 11/7/19 Return Date 11/9/19

Accommodations: FAIRFIELD INN KENNEWICK

Source of Revenue: ATHELTIC GENERAL

Fundraising Activities _____

Individual Student Cost 0 Total Group Cost \$2,270.00

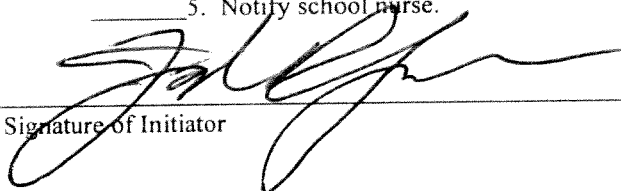
Insurance (special coverages) _____


Purpose of Trip (include educational value) TO PARTICIPATE IN THE STATE CROSS COUNTRY TOURNAMENT.

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

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 principal.
4. All district employees need to submit a travel request form.
5. Notify school nurse.


Signature of Initiator


Signature of Building Principal

For Administration Use Only: (an)

Board approval needed. Will be submitted on 11-5-19
 Approved

Superintendent or Designee Signature _____ Date _____