



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

School SHS Today's Date 10/10/22
 Individuals/Group Involved Athletics Number of Students 100
 Activity WIAA State Tournament - Football
 Destination tbd
 Departure Date _____ Return Date _____
 Accommodations: _____
 Source of Revenue: Athletics, general
 Fundraising Activities n/a
 Individual Student Cost 0 Total Group Cost tbd
 How was this activity/trip available to any interested and/or eligible student(s) _____
 How was this trip promoted to all interested/eligible students? _____
 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) Football team to compete in WIAA State competition.

Has this trip been previously taken? yes 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.

[Signature] Signature of Initiator [Signature] Signature of Building Principal

For Administration Use Only:
 Board approval [Signature]. Will be submitted on _____
 Approved _____
[Signature] Superintendent or Designee Signature 10/18/22 Date