



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 15
 Activity WIAA State Tournament - Volleyball
 Destination Yakima, WA
 Departure Date 11/16 Return Date 11/19

Accommodations: _____
 Source of Revenue: Athletics, general
 Fundraising Activities n/a
 Individual Student Cost 0 Total Group Cost 10,637

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) Volleyball team to compete in WIAA State competition.

Has this trip been previously taken? yes If yes, when? 2021

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 needed. Will be submitted on _____
 Approved [Signature] 10/18/22
 Superintendent or Designee Signature Date