

Stanwood Camano

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

School SHS Today's Date 9/27/17

Individuals/Group Involved Cross Country Number of Students TBD

Activity State Tournament

Destination In Cities

Departure Date 11/2/17 Return Date 11/4/17

Accommodations: Red Lion Kennewick

Source of Revenue: Athletic General

Fundraising Activities _____

Individual Student Cost 0 Total Group Cost TBD

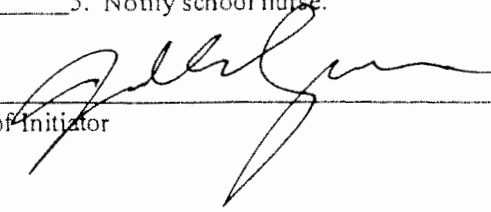
Insurance (special coverages) _____

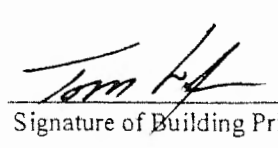
Purpose of Trip (include educational value) participate in state cross country tournament

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:
 Board approval needed. Will be submitted on October 17, 2017
 Approved

Superintendent or Designee Signature _____ Date _____