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## MEMORANDUM

**TO:** Board of Directors  
**DATE:** March 15, 2016  
**FROM:** Jean Shumate  
**RE:** Stanwood High School Sports Medicine Field Trip  
**TYPE:** Action Required

Matt Brennan, Career and Technical Education Sports Medicine Instructor, requests to take 30 students to participate at the 2016 Sports Medicine State Competition, April 21-23, 2016, Kennewick, Washington. Fundraising activities and student fees have funded the cost of the trip.

**RECOMMENDATION:**

*We recommend that the Board approve the overnight field trip for Stanwood High School Sports Medicine Team, April 21-23, 2016, Kennewick, Washington.*

RECEIVED

2320 F2  
Instructions

MAR 04 2016



STANWOOD-CAMANO  
SCHOOL DISTRICT

NON-LOCAL, OVERNIGHT & EXTENDED FIELD TRIP  
APPLICATION

(To be completed by Teacher/Advisor)

School Stanwood High School Today's Date 3.3.2016

Individuals/Group Involved Sports Medicine Number of Students 30

Activity Sports Medicine State Competition

Destination Kennewick, WA

Departure Date 4/21/2016 Return Date 4/23/2016

Accommodations: \_\_\_\_\_

Source of Revenue: Booster Club, ASB club account, CTE & student fee \$30

Fundraising Activities: chuck a puk and physicals

Individual Student Cost \$30.00 Total Group Cost 1850.00

Insurance (special coverage) \_\_\_\_\_

Purpose of Trip (including educational value) State Sports Medicine Competition

Has this trip been previously taken? yes If yes, when? each year

List of chaperones and students MUST be attached to this form. (Chaperones must be of each gender if students of each gender 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 travel request form.
5. Notify school nurse.

Matt Breen  
Signature of Initiator

Ken Blamborn  
Signature of Building Principal

For Administration Use Only:

School Board approval needed. Will be submitted on March 15, 2016 JR  
Approved

Superintendent or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_